intake Type E196A is a female, brn tabby and black domestic mh, no age # A015524 E196A

Image at this Sorry No Time :(

Intake Date 11/19/18

Due Out Date

STRAY

12/19/18

MICROCHIP: 98212605414

Kennel Status

Reason

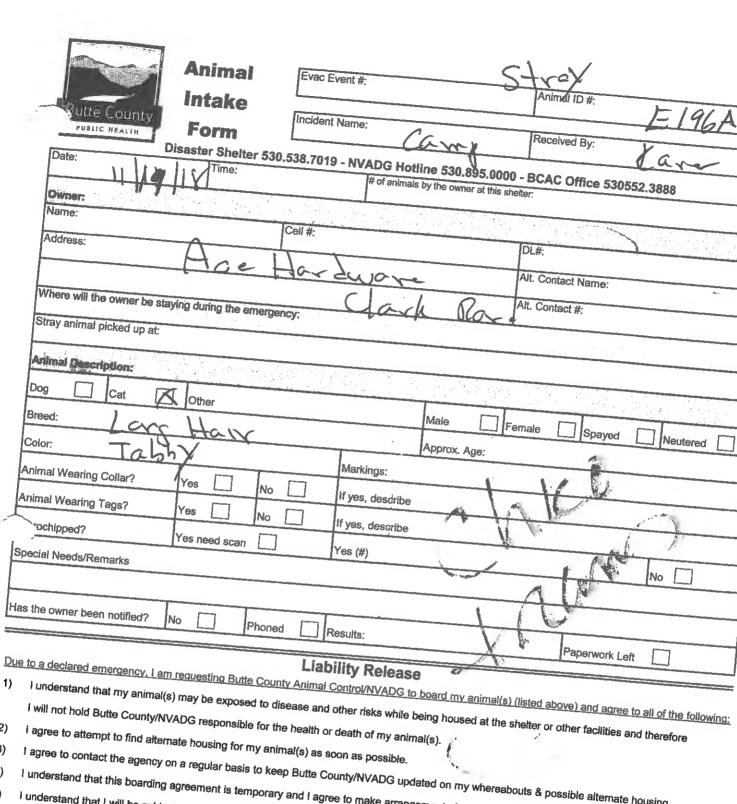
UNAVAIL

Hold Notify

ACE HARDWARE/CLARK Location Picked Up/Found:

MOTE: RETURNED TO OWNER 12/29/18

Animal Notes & Behavior History



2)

I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) 4)

I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter.

I understand that I will be subject to boarding fees after the close of the shelter. 5)

•	that I will be subject to b	agree to make arrangements for
6)	I understand that I will be subject to boarding fees after the ck	use of the shelter.
	Allow Allow	be taken.
	— OI I D	any photographs that are taken be released to the medic or a transfer
OWN	er's Signature	that are taken be released to the media and the media

	i togi agris	UI MVsaif	and		•	
		youn	and my animal(s) may b	e taken		
	L I Allow	Or				
The same of			r , pacitine	any photogra	iphs that are taken t	
Owner's Signa	Iture				aphs that are taken be released to the	e media or public.
						or bunile view.

Date:

Owner's Signature BC/NVADG Witness

reby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its care and transportation. Owner's Signature at Release

White - Impound Facility Date/ Time:

Yellow - BCAC Pink - Citizen Copy



Ca155A is a spayed female, gray and white domestic Ih, 3 years CA155A

Intake Type STRAY

<u>Due Out Date</u> 01/19/19

Intake Date

11/20/18

Reason

Kennel Status

Hold Notify

MICROCHIP# 982126054140090

Location Picked Up/Found: UNAVAIL

ADOPTED 1/19/19

Animal Notes & Behavior History

Treatment History

T19-009027 01/19/19

NORMAL

BCAC: Preventative: Frontline (Fipronil) 11/17/18 FVRCP+L: 12/09/18 Rabies vaccine given: 12/01/18 (Rabvac 3)

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

530-872-6275

Printed 03/18/19 1:59 PM by SKANN

Intake By: SK

	p.	
Animal	Evac Event #:	- A184 1
Intoka		Animal ID #:
PURE COUNTY	Incident Name:	LOVED !
PUBLIC HEALTH FORM		Received By:
Date: Disaster Shelter 530	.538.7019 - NVADG Hotling 5	20.905
	# of animals by the	30.895.0000 - BCAC Office 530552.3888 owner at this shelter:
Name:		State of the state
	Cell #:	
Address:		DL#:
I SHICKORY	turalise	Ait. Contact Name;
Where will the owner be staying during the emerge		Alt. Contact #:
Stray animal picked up at:	ncy;	Comact #:
(I) Harton and Control of the Contro		
Dog		
Other		
Breed:	Mal	e Fernale Spayed Neutered
Color. (- Way / Wht		rox. Age:
Animal Wearing Coller?	Markings;	
Animal Wearing Torre	If yes, describe	
Microchipped?	If yes, describe	
Yes need scan	Yes (#)	
hal Needs/Remarks	1103 (#)	No [
		No L
Has the owner been notified? No		
Phone	d Results:	
Due to a declared or an	l jabilita p	Paperwork Left
I understand that	nty Animal Control/NVADO + 1	d my animal(s) (listed above) and agree to all of the following:
I will not hold Butto C	isease and other risks while I	d my animal(s) (listed above) and agree to all of the following: housed at the shelter or other facilities and therefore
 will not hold Butte County/NVADG responsible for t lagree to attempt to find alternate housing for my an 	he health or death of my oni-	housed at the shelter or other facilities and therefore
Lagree to attempt to find alternate housing for my an I agree to contact the agency on a regular basis to be	imal(s) as soon as needble	and child
understand that this basis to ke	ep Butte County/NVADG	
3) I agree to contact the agency on a regular basis to ke 4) I understand that this boarding agreement is temporal 5) I understand that I will be subject to boarding fees afte 6) I understand that photographs of myself and my agreement.	y and I agree to make armous	on my whereabouts & possible alternate housing
I understand that I will be subject to boarding fees afte understand that photographs of myself and myself.	r the close of the shelte-	ts for or claim my pet(s) at the close of the shake-
I understand that photographs of myself and my anima Allow	l(s) may be taken	and anetter.
I De		
Owner's Signature	- Interographs that a	re taken be released to the media or public view.
POMPA		Date:
BC/NVADG Witness		
eby acknowledge that I am the owner/responsible		
Two or	or the above animal. I have taken	t lichad.
by acknowledge that I am the owner/responsible person for and transportation. Dwner's Signature at Release	· · · · · · · · · · · · · · · · · · ·	ustody of my animal and am now responsblie for its
White - Impound Facility		
		Date/ Time:

Pink - Citizen Copy

Cc234 is a male, org tabby domestic mh, 4 years

Intake Type

STRAY

Due Out Date 03/27/19

Sorry No

Intake Date

Image at this

Time :(

11/16/18

Reason

Kennel Status

Hold Notify UNAVAIL

MICROCHIP: 98212605254;

UNK

Location Picked Up/Found:

Animal Notes & Behavior History

NOTE: RETURNISO TO OWNER 1/16/19

Printed 03/18/19 1:35 PM by SKAMM Intake By: SK

530-872-6275

White - Impound	Facility / Yellow - BCAC / Pink - Citizen Copy	- 110.	
CITY White - Impound	ZIP TELEPHON	E NO	
ADDRESS			
ADDRESS	SIGNATURE_	DATE	
an improved of the COUC	IITIONS.		
	- THE THE PART OF	erson within the past	t 14 days
Control. I agree to hold the Butte County Anim I also certify that to the best of my knowledge the	al Control, and it employees, free of all lis	ums to it to the Butte ability resulting from	County Animal
I, the undersigned, owner or having control of the Control. I agree to hold the Butte County Animal also certify that to the best of	ne above described animal release all al-	iman da la serie	
SURRI	ENDER STATEMEN	T	
Has owner been notified?	□ Impound Conv. Data I	_eft	
	Phoned		Zip
Address			Telephone
Owner of Animal brought	a by CMP		
Condition of Animal healthy	Remarks		
Yes (#)	Production of the second	lo	
Tes	No If yes, describe		
Animal wearing collar? Yes	No X If yes, describe		
Color beige / orange (Cre	eam) Marting Jone hoir		
Breed	A CAS		/ N
Dog Cat _X Other	1219114	Em. C	
			40116
Reason for Impound Stray	, tound at burger	dout res	idence
	Iree Prive Po	landisa	
Animal nicked 2	Time 20/9 am/pm Release Date	Off	icer
Date Impounded 11/11/19	COND FORIN		
	IMPOUND FORM	Received By	S. Martin
Bite #			Airport
-	(530) 538-7409 • (530) 891-2907 FAX (530) 538-6329		Impound Facilit
	OROVILLE, CALIFORNIA OFOCE	_	ANIMAL ID NUME
ACTIVITY NUMBER BU	JTTE COUNTY ANIMAL CON	ITROL	19/25
ACTIVITATION			13/22

ACTIVITY AND ACTIVITY		12/12
ACTIVITY NUMBER	BUTTE COUNTY ANIMAL CONTROL 202 MIRA LOMA DRIVE	ANIMAL ID NUMBE
The state of the s	OROVILLE, CALIFORNIA OFFICE	CC 23.
	(530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	Impound Facility
Bite #	_	Byot
	Received By	S. Ma. 5;
	INPOUND FORM	
Date Impounded	16/18 Time > 17	
Animal picked up at	Time s.m./p.m. Release Date Office address (include closes) gross street)	er
Reason for Impound	address (Include closess pross street)	1
- reason for impound	address (Include closes street)	Yeare
Dog Cat _X	Other	
Breed	F S_	N
Color beige com	Approx. Age	
Animal wearing college	Markings / 1/2 /2007	
Animal wearing tonar?	Yes No If yes, describe Yes No If yes, describe	
Migraphi	,,	
	res (#)	
Condition of Animal	Remarks	
Owner of Animal bree	ght in by CHP	
Address	/	Telephone
Audress	City	Zip
las owner hoon	☐ Phoned Impound Copy: Date Left	
las owner been notified?	Letter: Date Sent	

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer. I also certify that to the best of my knowledge the said animal has the

I have read the above and understant it	has / has not bitton any need to transfer.
I have read the above and understand the conditions.	(circle one) person within the past 14 days.
 PRINTED NAME	DATE
 ADDRESS	SIGNATURE
CITYZIP	TELEPHONE NO.
IA/In-ta-	

Chico Cage.

982 126 052 542 487



Butte County Anima



			8.00
Name	Shelter ID CC234	Microchip # 982 126 052 542 487	Sex Male
DMH Age	Second Breed	Color Tan	Second color
Adult Photo	Special marking	Date Found 11/16/18	Location Found
Prioto	Photo	Photo	Photo
	THE STATE OF THE S	10 × c	
		· · · · · · · · · · · · · · · · · · ·	À
The same			
one 530-552-3888	Fax 530-538 6220		

the six all the same was to be a second	The same of the sa		
Phone Fon Fra ages	The state of the s	10.7	10 To
	Fax 530-538-6329	Email address BCAnimalcont	
The second second	The state of the s	Carlimalcont	rol@buttecounty.net

Vaccination				
	Date of administration	Preventative	Date of Administration	
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18	
FVRCP+L	11/18/18	Revolution	12/9/18	
FVRCP+L	12/17/18		7-7-710	
ertinent Medical History		190		



Butte County Animal Passport



- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling mus
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contain above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordinatio
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record

A015448

S113A is a male, brn tabby and white domestic sh, 1 year 8 months S113A

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

Photo 070046

MICROCHIP: 98212605412

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Printed 03/18/19 12:20 PM by jrobbins

Intake By: SK

Treatment History

NORMAL

T19-009018 01/19/19

BCAnimal control@buttecounty.net: Rabies vaccine given 12/17/18 Rabvac 3

FVRCP+L 12/17/18

FVRCP: 11/18/18,

Animal Notes & Behavior History

	Hero	VITILITY F	11.000 x -1			
	11	Evac Event #:	irport to	und a	nima TV	
	Animai '	Evac Event #:		Animal ID #:	SILZA	
Butte County	Intake	Incident Name:	Janp Firt	Received By:		
Date:	Form					
0wner:	8	?0	of animals by the owner at this	shelter:	2 k. L	
Name:		Cell#:		N DAD	3 Kittens UNICLE, NOT	4.
Address:		0611#		DL#:	0 MOTE, NOT	Moi
				Alt. Contact Na	me:	
Where will the owner be	staying during the ne	ergency:		Alt. Contact #:		
Strey animal picked up a	t: —	000				
Animal Description:	- Drep 1	off by	Cyrill Va	de		
Dog Cat	Other	-30 -	764-021	7		
	Dia di	1.1.	Male	Female	Spared Neuter	ed D
Color: Lith	write .	oby	Approx. Age:	*		<u> </u>
Animal Wearing Collar?	V	. []	ings: White an	Front Pas	M	
Animal Wearing Tags?		iii yes	, describe	M.	V. O. W.	
Microchipped?	Yes nee an	ir yes,	describe		11.	
Special Needs/Remarks		Yes (#			No 🔲	
Has the owner been notified	Pr	noned Results		6		
				Pap	erwork Left	
Due to a declared emergency 1)	/ J am requ g Butte	Liability County Animal Contr	Release			
I understand that my an will not hold Butte Cou	imal(s) ma axpose	d to disease and othe	rol/NVADG to board my an r risks while being housed th of my animal(s)	at the shelter or ou	e) and agree to all of th	e followi
I agree to attempt to find					ier racilities and therefo	re
 I agree to contact the ag 	ency on a lar basis	my animal(s) as soon s to keep Butte ======				
4) I understand that this box 5) I understand that I will be	arding ag nt is ten	nporary and I	and sold to	to & stundened		
i understand that photogram		es after the cl		y pet(s	i de oeka dek	10/4
I Allow	•	animal(s) ma	ati		**********	
Owner's Signature		ji	il i	ased to		
PCARA					1	
BC/NVADG Witness			1		(II)	
I hereby acknowledge that I am to care and transportation.	ne own: iponsible p	erson for ti		N Coin	JANA .	1
Owner's Signature at Release			1 3.	y anin		
White - Impound F	acility	,		Di i	Ţ	
				Pink		



S113B

S113B is a male, org tabby domestic mh, 5 months

Intake Type STRAY

Due Out Date

01/19/19

Intake Date 11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Printed 03/18/19 12:22 PM by jrobbins

Intake By: SK

T19-009019 01/19/19

NORMAL

Treatment History

BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3

T19-009020 01/19/19

BCAC: FVRCP 11/18/18 NORMAL

FVRCP+L 12/18/18 T19-009021 01/19/19

NORMAL

Animal Notes & Behavior History

Aero L	Union Awport 1	-00 1 // 219 1/
Anima	Union Airport 1	Animal ID#: S113B
Intake	ncident Name:	31138
Putte County Form	Camp Fiv	Received By:
Date: 14 2018 Time:	(or animals by the owner at	this shelter
	tats.	- Mama + 3 k. Hers
Name:	Cell#:	
Address:		DL.
		Alt. Contact Name:
Where will the owner be staying during	he lency:	Alt. Contact #:
Stray animal picked up at:		
Paradisi Dy i	to redoff by Cyrly	Vado 830 764-0217
Animai Description:		101-0317
Dog Cat Other	ale la	Spayed Neutered
Breed: DSH	Approx Ad	pe: Neutered Neutered
Color: OVCRIVAP	Markings:	a differ
Animal Wearing Collar? Yes	No K In es, describe	
Animal Wearing Tags? Yes	No If yes redescribe	
Microchipped? Yes need		
Special Needs/Remarks	Yes (#)	No 🗆
Has the owner been notified? No		/
itto [Phoned Results:	Paperwork Left
Due to a declared emergency, I am reques	Liability Release	
1) I understand that my animal(s) may i	TO BOARD TO BOARD I	my animal(s) (listed above) and agree to all of the following
I will not hold Butte County/NVADG n	house ase and other risks while being ho	used at the shelter or other facilities and therefore
2) I agree to attempt to find alternate ho	nsible for the health or death of my animal(s). I for my animal(s) as soon as possible.	· w-
 I agree to contact the agency on a re- 	basis to keep Butte County/NVADG updated or	3 MV whereaboute 9
4) I understand that this boarding agree	is temporary and I agree to make arrangements	for or claim my pet(s) at the close of the shelter.
 I understand that I will be subject to t I understand that photographs of many 	ing lees after the close of the shelter.	y poi(s) at the close of the shelter.
I understand that photograghs of my: I Allow or	nd my animal(s) may be taken.	
	I Decline any photographs that are	taken be released to the media or public view.
Owner's Signature		Date:
BC/NVADG Witness		
hereby acknowledge that I am the current	No. iblo	
care and transportation.	onside person for the above animal. I have taken of	sustody of my animal and am now responsbile for its
Owner's Signature at Release		
		Date/ Time:
White - Impound Facility	Yellow - BCAC	Pint. Ov.
		Pink - Citizen Copy



Kennel Record # A015450 S113C

S113C is a male, gray and white domestic sh, 5 months

BCAC: Treated for fleas: Fipronil (Frontline) on 11/17/18
Rabies Vaccine given: 12/17/18 (Rabvac 3)
FVRCP given: 11/18/18
FVRCP Booster: 12/18/18

T19-009022 01/19/19

Treatment History

NORMAL

intake Type

STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

Hold Notify

UNAVAIL

MICROCHIP: 98212605414

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

Printed 03/18/19 12:22 PM by jrobbins

Intake By: SK



Animal Notes & Behavior History

Town of Paradise Animal Control

11/13 1 1000 00	Chico	Falu	d anin	14 (41)	\/
Anima	Evac Event #:		Animal ID		V
Intake	Incident Name:		In/		
Butte County Form	Incident Name:	oup Fire	Received	зу: 	
Date: 14 2018 Time:		of animals by the owner		1 21/1	1 -
Owner:		1 (0/1)	Mamce	+ 3KH	1542
Name:	Cell#:		DL#:		
Address:			Alt. Contac	t Name:	
			Alt. Contact	#:	
Where will the owner be staying during t	tr nergency:				
Stray animal picked up at: Par	use Da	2000		11 Vado	**
Animal Description:		PIMEA OTT		530-764	03/11
Dog Cat Other		Male	Female		
Breed: DSH		Approx	1 1 1	Spayed N	leutered
color: Grey	Mar	kings:	nge. K	CN LOT	
Animal Wearing Collar? Yes [165	es, describe			1
Animal Wearing Tags? Yes	1. 107	s, describe			
Microchipped? Yes nee	an Yes			No.	
Special Needs/Remarks	een eys		100	inc.	? <u></u>
		10	1		
Has the owner been notified? No	Phoned Resu	lts:	1	Paperwork Left	
	Liabilii	y Release			
Due to a declared emergency, I am requ	g Butte County Animal Co		ard my animal(s) (liste	d above) and agree to	all of the follow
I understand that my animal(s) ma Will not hold Butte County/NVAD(exposed to disease and of	ther risks while being	g housed at the shelte	r or other facilities and	therefore
agree to attempt to find alternate	consible for the health or only ing for my animal(s) as so		s).		
3) I agree to contact the agency on a	lar basis to keep Butte Col		d on my whereahouts	& noepible alternate t	
4) I understand that this boarding agr	ent is temporary and I agre	e to make arrangem	ents for or claim my p	et(s) at the close of the	iousing, ie shelter
Understand that I will be subject to I understand that photographs of n	irding fees after the close of	of the shelter.			
I Allow (f and my animal(s) may be				
			are taken be release	d to the media or publi	ic view.
Owner's Signature			Date:		
BC/NVADG Witness					
hereby acknowledge that I am the own are and transportation.	sponsible person for the abo	ve an i mal. I have tal	ken custody of my ani	mal and am now respo	onsbile for its
wner's Signature at Release			Date/ Time:		
			Solor THIRE.		
White - Impound Facility	Vallow	BCAC			





S113D

S113D is a male, black and white domestic sh, 5 months

Intake Type STRAY

Photo

Photo

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 98212605254;

Location Picked Up/Found:

MICROCHIP # 982126052542198 W/48-50

T19-009023 01/19/19

NORMAL

Treatment History

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Animal Notes & Behavior History

19		1 2 2 2 1
	Evac Event #:	mad amount
Anim	a) ()	Animal ID#: S113D
Butte County Intak	Incident Name:	Received By:
Date: Tim		
11/14/2018	* or animals by the owner at this HAS WEW	s shelter: 141+3 Kifters
Owner: Name:		
Address:	Cell #:	DL#:
/ vuress.		Alt. Contact Name:
100		Alt. Contact #:
Where will the owner be staying during	emergency:	
Stray animal picked up at:	adise - " or off	by Cyrill Vade
Animal Description:	5%-7	164-0317
Dog Cat Othe	Male	Fernale Spayed Neutered
Breed: BM DS	Approx. Age:	
color: Black	Markings: which has	10110
Animal Wearing Collar? Yes	No X If yes, describe	W ST
Animal Wearing Tags? Yes	No M If yes, describe	
Microchipped? Yes	scan Yes (#)	
Special Needs/Remarks	in eys	No. LJ
	77.300	
Has the owner been notified? No	Phoned Results:	* 1
		Paperwork Left
Due to a declared emergency, I am re	Liability Release	
I understand that my animal(s)	sting Butte County Animal Control/NVADG to board my be exposed to disease and other risks while being house	y animal(s) (listed above) and agree to all of the follow
will not hold Butte County/NVA	esponsible for the health or death of my animal(s).	one action of other facilities and mererore
2) I agree to attempt to find alterna	ousing for my animal(s) as soon as possible.	
I agree to contact the agency of understand that this boarding	gular basis to keep Butte County/NVADG updated on r	
i) I understand that I will be subje	ement is temporary and I agree to make arrangements to boarding fees after the close of the shelter.	for or claim my
) I understand that photograghs (self and my animal(s) may be taken.	A Home and
I Allow	I Decline any photographs that are to	aken be relea
wner's Signature		Date:
		Date.
C/NVADG Witness		
nereby acknowledge that I am the care in a large in the care in a large in the care in a large in the care in the	responsible person for the above animal. I have taken cu	ustody of my
wner's Signature at Release		
		Date/ Time:





CC242

Treatment History

Cc242 is a male, choc pt ragdoll, 2 years

Intake Type STRAY

Due Out Date 01/18/19

Intake Date 12/20/18

Reason

Kennel Status

Hold Notify UNAVAIL

> mage at this Sorry No Time :(

Animal Notes & Behavior History

Location Picked Up/Found:

8613 STIRAS WAY

NOTE: RETURNED to OWNER 1/18/19

Printed 03/18/19 12:15 PM by jrobbins Intake By: JR

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

Room 12 **BUTTE COUNTY ANIMAL CONTROL ACTIVITY NUMBER** ANIMAL ID NUMBER 202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 CC-242 (530) 538-7409 • (530) 891-2907 Impound Facility FAX (530) 538-6329 Airport Bite # Received By Dust IMPOUND FORM Date Impounded 11/17/18 Time 12:26 and Release iras Reason for Impound Animal wearing collar? _ No If ves. describe _Animal wearing tags? Yes _____ No ___ _ If ves, describe Microchipped? Yes (#) ___ Condition of Animal well Remarks Owner of Animal waknown Telephone Address ☐ Phoned _ ☐ Impound Copy: Date Left _____ Has owner been notified? ☐ Letter: Date Sent _ SURRENDER STATEMEN I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer. I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one) I have read the above and understand the conditions. DATE ___ - PRINTED NAME SIGNATURE _

__ TELEPHONE NO. __

_____ ZIP .

ADDRESS _

CITY_

		10011 1/2
		# 13
ACTIVITY NUMBER BUTTE	COUNTY ANIMAL CONTI	ROL ANIMAL ID NUMBE
	202 MIRA LOMA DRIVE	
Or	ROVILLE, CALIFORNIA 95965 30) 538-7409 • (530) 891-2907	OC-247
28ec. /	* FAX (530) 538-6329	Impound Facility
Bite #		Airport
		Beestrad D. D. al
IM	POUND FORM	Received By Dusty
Date Impounded 11/17/18 Time 1	7.20 em/em Release Date	Officer
Animal picked up at 86/3	Stiral Way Pa	iradise CA
Reason for Impound		
Dog Cat Other	**	_
Brood R. (11 S	M	F S N
Breed Nay (a// Same	Approx	c. Age unknowh
Color Tangery black	Markings	
Animal wearing collar? Yes N	0 / If you don't	
nimal wearing tags? Ves	i yes, describe	
Animal wearing tags? Yes N	o If yes, describe	
licrochlpped? Yes (#)	No)
Condition of Animal well		
wner of Animal waxnown		í
Address		Telephone
Address	☐ Phoned	Zip
	[] Impound O	eft
as owner been notified?	Letter: Date Sent	
SURREN	DER STATEMEN	
ne undersigned, owner or having control of the about trol. I agree to hold the Butte County Animal Co	in an arrange of the of all list	DIIIV (981/iting from euch transfer
so certily that to the best of my knowledge the sai	d animal has / has not bitten any pe	rson within the past 14 days.
ve read the above and understand the conditions		DATE
NTED NAME	SIGNATURE	
DRESS		0.
/		E NO
	- ILLEFIUN	L ITV

henzie Menefee (CCZ4Z) Female (630) \$1762-9027 & (530)763-9119 Foster OR Adopt 2333 Pillsberg RD, Chica, Sister Lived on stiras We Call her 'Cece" (Cabincat)



Kennel Record

Treatment History

A015471 CC204

Cc204 is a spayed female, gray tabby domestic sh, 4 years

Intake Type STRAY

Due Out Date 01/23/19

Intake Date

11/18/18

Reason

Kennel Status

Hold Notify

Image at this Sorry No Time:(

UNAVAIL

Location Picked Up/Found:

Animal Notes & Behavior History

NOTE: PETURNED TO OWNER 1/23/19

Printed 03/18/19 12:07 PM by SKAMM Intake By: SK

ACTIVITY NUMBER Bite #	202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 9596 (530) 538-7409 • (530) 891-290 FAX (530) 538-6329	65 07	ANIMAL ID NUMBER
1 1	IMPOUND FOR		ived By
	INIPOUND FOR	IVI	
Date Impounded 11/14/18	Time Release D	ate	Officer
Animal picked up at 5ky	vay & Planstaff S	2d Pa	radise
Reason for Impound			<i>*</i>
Dog Cat X Other	NUM		X_ s n
Breed	1.11	A prox. Ag	e 2 years
	Markings /	8	4.
	No X If yes, desci	ihe 🖔 🐇	*.
	No If yes, desci	*	
,	#)		X
			
Condition of AnimalS\rightarrow\alpha\alpha	Hemarks		
Owner of Animal			
			Telephone
Address	☐ Phoned	City	Zip
	☐ Impound Copy:	Date Left	
Has owner been notified?	Letter: Date Se	ent	
SUI	RRENDER STATE	MENT	
I, the undersigned, owner or having contr Control. I agree to hold the Butte Count			
I also certify that to the best of my knowl	edge the said animal has / has not bit	ten any person	within the past 14 days.
I have read the above and understand th	, ,		DATE
PRINTED NAME	SIGNATURE		
ADDRESS			
CITY	710 7	ELEBUONE N	10



Animal ID: A0928779

Kennei No:

CATO3-E

Intake Date:

11/14/18

Status:

STRAY



Age:

2Y 0M

Sex:

UNALTERED FEMALE

Weight:

8.80 LBS

Color:

BROWN

Collar:

NONE

Markings:

Intake Type: STRAY

Intake Subtype: OTC

Microchip Scan: YES NEGATIVE on 11/14/18 @ 1:32 pm

Location Found O SKYWAY X WAGSSTAFF RD PARADISE

11/14/2018 1:40:29PM

Assessment Date: 11/20/18

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, DULL C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card_RS.rpt



Ca166A is a neutered male, brn tabby and white CA166A

12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891

Treated for burns on front feet

T19-009072 02/27/19

Treatment History

WOUND

domestic sh, 4 years

Due Out Date

Intake Type

STRAY

Kennel Status

Hold Notify UNAVAIL

MICROCHIP: 98212605414

Location Picked Up/Found:

NEAR RITE AID -MAGALIA

mage at this Sorry No Time :(

Intake Date

12/14/18

11/14/18

Reason

Animal Notes & Behavior History

NOTE: WAS RETURNED TO OWNER 12/29/18

Intake By: SK

Printed 03/18/19 12:04 PM by SKAMM

925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

#474

8	utte County
A	PUBLIC HEALTH

Animal

		•
Evac Event #:	Animal ID#: CA 1668=	
	1 C37 1800C	

			·		CH 1660=
DATE OF THE PARTY	ntake	Incident Name	Α-		Received By:
Butte County	Form	Indiadric reality			Neceway by.
Disa	ster Shelter 530.	538.7019 - N			00 - BCAC Office 530552.3888
Date: 11-14-18	Time: 1830	0	# of animals by t	he owner at this	shelter:
Owner:					
Name:		Cell #:	<u> </u>	<u> </u>	DL#:
Address: X-1111A	Calfire	Pola	A: Laco	10	Alt. Contact Name:
70074	CHAIL O	FITE	Aid are		Alt. Contact #:
Where will the owner be stayi	ng during the emerge	ency:	agalia-		
Stray animal picked up at:					
Animal Description:			<u> </u>		No. of the second secon
Dog Cat V	Other			Male	Female Spayed Neutered
Breed: DSI+				Approx. Age:	
Color: Tabbu			Markings:		()
Animal Wearing Collar?	Yes 🔲	lo 🗌	If yes, describe		
Animal Wearing Tags?	Yes N	lo 🗍	If yes, describe	- Partie	The state of the s
Microchipped?	Yes need scan		Yes (#)		A No D
cial Needs/Remarks	Too Hood Soall		168 (#)		No L
Stal Needs/Neillaiks					
fas the owner been notified?	No P	honed	Results:	3.	Paperwork Left
		Lia	bility Relea	se \	
					animal(s) (listed above) and agree to all of the following
					ed at the shelter or other facilities and therefore
I will not hold Butte Count					
) I agree to attempt to find a) I agree to contact the age			_		ny whereabouts & possible alternate housing.
_					or or claim my pet(s) at the close of the shelter.
I understand that I will be s					or or dains my peals) at the close of the shelter.
I understand that photogra					
I Allow	or] I Decline	any photogr	aphs that are t	taken be released to the media or public view.
wner's Signature					Data
					Date:
C/NVADG Witness					
ereby acknowledge that I am t	he owner/responsible	person for the	e above animal. I	have taken cu	ustody of my animal and am now responsbile for its
and transportation.					
vner's Signature at Release					Date/ Time:
White - Impound	l Facility	Y	ellow - BCAC		Pink - Citizen Conv

Trank in Mad hilliains





E139A is a female, brn tabby domestic sh, 3 years E139A

Intake Type RETURN

Due Out Date 01/22/19

Intake Date

01/22/19

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 98212605413:

Location Picked Up/Found:

ADOPTER CHANGED MIND.

J Printed 03/18/19 12:01 PM by SKAMM

Intake By: JR

Treatment History

T19-009028 01/19/19

NORMAL

BCAC: Preventative: Advantage II
Rabies Vaccination given: 12/01/18 (Rabvac 3)
FVRCP+L: 12/01/18 FVRCP+L: 12/16/18 Burn Treatments R front, L hind

Animal Notes & Behavior History

NOTE: ADOPTION FEB. 2, 2019



Animal Intake

Evac Event #:	Strox
	Animal ID# 139A
Incident Name: (AWN) Fixe	Received By:

PUBLIC HEALTH FORM Camptile Received By: Caren	
Disaster Shelter 530.538.7019 - NVADG Hotling 530.895 0000 - RCAC Office 530550 0000	
Date:	
Owner:	
Name: Cell #: DL#:	1 - 11
Address: 1/5/2	
1685 Gate Lave Alt. Contact Name:	
Where will the owner be staying during the emergency:	_
Stray animal picked up at:	
Animal Description:	-
Dog Cat Other	<u> </u>
Breed: Spayed Neutered [
Approx Age:	
Color: Kycwn Tahby Markings:	1
Animal Wearing Collar? Yes No If yes, describe	\rightarrow
Animal Wearing Tags? Yes No If yes, describe	
rochipped? Yes need scan Yes (#)	
Special Needs/Remarks	
Has the owner been notified? No Phoned Thomas	
Phoned Results:	
Due to a declared season	_
Eas to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(a) (ii. 4 a b b)	!
to disease and other risks while heing housed at the about	wing:
responsible for the realth of death of my animal(s)	
and afternate housing for my animal(s) as soon as nossible	
and agency on a regular basis to keep Butte County/NVADG undated on my standard o	
agree to make arrangements for or claim make a green to make arrangements for or claim make a green to make a	
The close of the shelter	
l understand that photograghs of myself and my animal(s) may be taken.	
I Allow or I Decline any photographs that are taken be released to the media or public view.	
Owner's Signature	
Date: \(\ \tilde{\tau}\ \tilde{\tau}\ \tilde{\tau}\	7
C/NVADG Witness Fall	_
reby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its	
wner's Signature at Release	_
White - Impound Facility Yellow - BCAC	7
YEMMU DIAR	

Yellow - BCAC

Plnk - Citizen Copy



NVADG Small Animal Care Schedule

ANIMAL ID NUMBER F1301A

(Form to r		h animal!)((Return	Care Scheo	lule w	vith clipboard	to Intake when anim	nal is released.)
OWNER Last I	- Comment					First Name:			
		المناس الما				-15			
Name		Species		В	reed	Co	lor/markings	Gender	ID (collar/tag/etc. DESCRIBE
List medical proble	Fel			Dom' DSH		200	Marc	☐ Male ☐ Female ☐ Spay/Neuter ☐ Intact	
						S? Inc	lude time & met	hod normally administe	ered and any other
List behavioral cha	racteristi	cs of whic	h we s	hould b	e advised.				
SPECIAL INSTRUCT	IONS:						Under Ve		
THE STREET					£ 11. £ 1. 3.			Picture	
Date	Wall		Fe		Cage Cle		**************************************	Comments	
W18 1900				/				Comments	
11/19/18 1088							New into	ake. Burns to	Dot sated -
							alerted I	or team. Nom	rat wine
							no stoc	ol. Appears i	n heat
							Eating		
								ed pad also A	ERLR
								ton dean Con	
							,	phine. SQF	
III AI IR							_ u		rn pretocol
							+ 220 01	intment /bond	aye
							mild oux	racual burn	R+L Reer
							foot cle	aned w/ dilul	ed closcheCHX
		_					Opposite-		
							Convenia	~ 32 mg 50	ang gtd.
						- +	E-Bollor		,
						-			
						-			
						-			
						-			



A015577 **CA221A**

Treatment History

Ca221A is a neutered male, sI lynx pt and white siamese, 5 months

Intake Type STRAY

mage at this Sorry No Time :(

Intake Date

12/20/18

Reason

Due Out Date

01/18/19

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 98212605413

Location Picked Up/Found:

Animal Notes & Behavior History

NOTE: WAS ADOPTED 1/18/19

Printed 03/18/19 10:14 AM by jrobbins Intake By: JR



Kennel Record

A015577

Treatment History

Ca221A is a neutered male, sI lynx pt and white siamese, 5 months **CA221A**

Intake Type STRAY

Due Out Date 01/18/19

Intake Date

mage at this

Sorry No

Reason

12/20/18

Time :(

Hold Notify

Kennel Status

UNAVAIL

MICROCHIP: 98212605413

Location Picked Up/Found:

Animal Notes & Behavior History

NOTE: WAS ADOPTED 1/18/19

Printed 03/18/19 10:14 AM by jrobbins Intake By: JR

> 925 American Dr. Paradise, CA 95969 Town of Paradise Animal Control

I Alma	VAD(G An	ima	l Ca	re S	Schedi	Ro ule	押
J.F. NOT CO. W.	all cicson	~	OR OF THE PERSON	ac a	κ,	(Jauler	(rody	15 2/
FROLL COLL 6A ROLL COLL	328-1644	820	198 18	A SON	A CO	8 tacks	Chody 00	CC221
(Form to	remain with ani		(Return			· ·	to Intake when anii	
OWNER Last	Name: UNKN	own				First Name:	Unknown	indi is forcased.)
		3 × 1			*	ar in the part	()	'FRY 723.
Name	Sp	ecies	В	reed	Co	lor/markings	Gender	ID (collar/tag/etc.) DESCRIBE
					WY	nite/	Male	DESCRIBE
	Fel	-	DS	H		rey	☐ Female ☐ Spay/Neuter	Nos
						_	D'Intact	
details.	ems, necessary	medicatio	ns, or di	etary nee	ds? Inc	lude time & met	hod normally administ	ered and any other
List behavioral cha	rogtoristics of		1 - 211					
		wnich we s	noula be	e advised.	S(I)	NO7	FEED) F-1SH
SPECIAL INSTRUCT	TONS:					Under Ve		
drago o de la sacesta e	(5) 173 - 173 (5) (6) (7)	7.4 Sept. 1.5					Picture	
Date	Walked	F	d	Cage Cl	eaned		Comments	
11/15/18						Arrive	· ·	•
11/16						Eat.		
11/16	5'00			<u></u>		eating	drink	ina
1/16 1930	HB		V			pa tosop		
1117 0630	-tho	X	XX			has die	arreals ec	iting
11/1/900	00				has diarrean			
11-118	118 0600					5000	F.F	
11/18/19	1 Dose – 0.2 ml Feline Panleukopania Vaccine, Modified Live Virus	tal. Sons out unlight at a hoy label se directions.	Feline Pon	- 0.2 ml Soleukopenia Silied Live Virus	Table of the control	7-1	1	
		of direct humperchial for compression for comp	U.S. Vet Lice Diamond Age	mas No. 213	September 200	i Exa	-una sal	MBC
,	1-888-545-5973 010339 d	 		AL3 010334 E	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 - CYA	m Vot OV	
11/18	100	1				G and 1	2 socialista del	Ca Exp
11/19 0730		. 0		X		0)110	WY TO	Tarrhea
1119 0851						Veternan	exam- Ador	able Joanny we
1119 105011	· · · · · · · · · · · · · · · · · · ·					hepas	Inounal	Nhp.
111111111111111111111111111111111111111	Visux Q et	cm:			-	Harper	Igood as	good Stool
11/2018 10.20	Jam 10	mild	F					
11/2/11/4	H70					0 11		
11/21/18	1200	7		X		Clock	0000 000	
11/22	1120	X		1		W. 1/1	ir, gel	
11/22/18 1	4.00				F	red Dau	KHM, Wa	H Rocks
Revised 5/21/0214			· · · · · · · · · · · · · · · · · · ·	:	- <u></u> -		1-1-	X NO MINO
		6					11/11-1101	466/16p
							ζ, , (all .

Manmal Care Schedule

				NELACIANUMBER CC22
O UTER	Den:		lage i	distributed to this e when animal is reased.)
				Fas Spine
	is Miles	e Parja (dia 184		
est,	Bre	ed	Co	lor/markings Gender ID (collar/tag/etc DESCRIBE
			(A	witt/ Male Dec
	及十			D Spay/Neuter
15 6,30	r diet		e) sa	Dintact
ic anal		eed F	s: m	chude time & method normally administered and any other
וכונגי ז זכונים זר	i be	advised.	181	2.3
- may read		. in the		- Allen - objection - objection -
		* \$		Picture YES
		* .	4.7	THE TAX LET UP TO A SECOND PROPERTY OF THE PARTY OF THE P
J 1			edaci.	Comments
- 4				good rightal Shelting
il sid Lagran	-	16:0	ran ayiy	3 pot channeld
				Grid
	W.M.	O TENSOR	1	
A	J. Pr	2901 19 CM		(218.) ARMARY
and the	***	E CHICADIAN	***	revolution
ngo nismajua	1 1	JAGA 6	<u> </u>	
		1949	2	ive No 1008
	110	119 =	- I-	Charles att all dry tood from 12/10
				clant good
to the option				Spot Clean and fed.
S A S		25)	fittigee on
00	-			
. 		1		Active
"Against off"			-	Marker Can
1			7-	Che Med Oat Math dry
	1		78 ARE	W.W.+
	1	Q15	8	TEO DEV KITTEN FOOD
33	V	1533	F	ED DRU KITTEN FOOD

2.4



NVADG Animal Care Schedule

CCZZI Intake'# Walked Fed Cage Cleaned Comments 11/22/18 HAS FOOD WATER GLEAN LITTER 1500 900 100se st 00 POO & Pee - formed good poo, pee/zpatite Sout Clean 12/6 new water, play /pet



NVADG Small Animal Care Schedule



	remain wit	h anima	П.) ((Return Care Schedule with clipboard to Intake when animal is released.)							
OWNER Las	t Name:						First Name:		W.		
ន <u>មានមេជាជាទី១០</u> ១៤	Vilue (💆 🤧	v c		,	J 18	v** x1.#*₃		77-8411-178	9 %		
Name		Speci	es	В	reed	Со	lor/markings	Gender	ID (collar/tag/etc. DESCRIBE		
Fe				DSH		white.		☐ Male ☐ Female ☐ Spay/Neuter ☐ Intact	nef		
details.	biems, nece	ssary m				s? Inc		hod normally administe	red and any other		
List behavioral c	haracteristic	cs of wh	nich we st	nould b	FPCO -	101			1		
SPECIAL INSTRUC			,		Under Ve	t Care Picture	Diles Fai				
rekeone o gasia	e River and the		en avent	Gill in	Fair Contract	To life	ijî e.		1		
Date	Walk	Walked		Fed		aned	Comments				
12/8	1102	1102					goodpla	INFILL SINDOF	0		
12/4	16.00		[6:00		16.00		good 3 pot demed				
12/9	1040				2/		good				
17/9	7/9 1200		Rates at		SAME		0				
·			US Vet. Uc. No. 124		WANTER 186/1858-23	Į.					
- 197				4150456A		PEB.	RAIGHT	2) (.860)	A		
			01 001	01-01	26 OCT 19 *	# # # # # # # # # # # # # # # # # # #		What			
			M vl	- 101	2/01055	SB					
121/0	0949	0949		0949		0949		Pee, no Pool			
12/1	0959				V		* 1	el, ate all dry	End from 12/m		
12/11					1419 5	vot-	cleanel.	1			
12/12	\$30am						Spot (Ican and fed.				
12/12					<u> </u>		Sput (Ican and	fed.		
2/13/18		- 1	085	0	0850	$\supset I$	Aten	pee on			
2/13/18			150	0							
12/14/18	0745	'	V		1		Actor				
1 1	1540				1		Actor P+BM				
2/15/18	<u> </u>	1	0.15				Manga	vactil N	feel		
7/15							Cleaner	1 Pats bo	thary		
A 11			/		_		2 WZ+				
2.16.18		V	1015	V	1015	ç	ED DRY	KITTEN FOOD			
2.16.18		1	153	3 1	(1537	3 1	ED Doil	K TTELL EARL			



NVADG Small Animal Care Schedule

Date	iftent time to r Walked	Fed	d and Cage Gleane Cage Cleaned		
17.2018		10-1	V 0935	Comm	nents
17		A DEA ONTA	1 0103	PLAYFUL HAPPY	09
NY	16. Cur		 	MICOCITIP	982 126 054 1
418	1980-	1		and Solver	982 126 054 1
110				103.	
				Spot cleaned	
(*		4.		
				• .	
		Car V		N	
				- \$ P	
133					
	ě		3		
7	ap.				
100					
42					
		A 18. 18.			
		2			
					-
			74	0	

12/9/18	Revolution	12/9/18	FVRCP+L
12/9/18	Pyrantel	11/18/18	FVRCP
11/17/18	Frontline	12/9/18 (rabvac3)	Rabies (required)
Date of Administration	Preventative	Date of administration	Vaccination
		n	Part III - Health Examination
rol@buttecounty.net	Email address BCAnimalcontrol@buttecounty.net	Fax 530-538-6329	Figure 330-332-3888
		the County Point of Contact	of But
Photo	Photo	Photo	
	11/15/18	All grey tail	Dhota
Location Found	Date Found	Special marking	Age
grey	white		USH
Second color	Color	Second Breed	Breed
vex Male intact	982-126-054-138-113	CC221A	

FVRCP: R = Rhinotracheitis; C = Calicivirus, P = Panleukopenia; L = Feline Leukemia



Butte County Animal Passport



Pertinent Medical History

2 2 2 2 3

- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.
- I agree to the above clauses and will uphold agreements made with Butte county.

ACTIVITY NUMBER BUTTE CO ORO (530) Bite # IMF Date Impounded 11/16/18 Time 3.2 Animal picked up at Aquatic Park

BUTTE COUNTY ANIMAL CONTROL

202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329

Room/3/10
ANIMAL ID NUMBER
CC221
Impound Facility
Ammet

Received By Due

Date Impounded 11/16/18 Time 3 29	Release Date Officer
Animal picked up at Aquatic Park,	Paradise ddress (include closest cross street)
	119410U 9169
Dog Cat _X_ Other	M_X_FSN
Breed DSH	Approx. Age Kitten
Color white Grey M	arkings
	× If yes, describe
	If yes, describe
Microchipped? which ourges (#)	
	Remarks
Owner of Animal WYWOWD	Thereas
	Telephone Zin
	☐ Phoned
Has owner been notified?	☐ Letter: Date Sent
SURREND	ER STATEMENT
, the undersigned, owner or having control of the above Control. I agree to hold the Butte County Animal Contro	e described animal, release all claims to it to the Butte County Animal ol, and it employees, free of all liability resulting from such transfer.
	animal has / has not bitten any person within the past 14 days.
have read the above and understand the conditions.	DATE
PRINTED NAME	SIGNATURE
ADDRESS	

ZIP _____ TELEPHONE NO. ____

BUTTE COUNTY ANIMAL CONTROL ANIMAL ID NUMBER **ACTIVITY NUMBER** 202 MIRA LOMA DRIVE **OROVILLE, CALIFORNIA 95965** Impound Facility (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329 Bite # Received By D IMPOUND FORM Date Impounded 11/16/18 Time 3:29 am/s Release Date Officer Animal picked up at Aquatic Park Paradise Reason for Impound Found in evacuation area Dog ____ Cat X_ Other ____ intact Approx. Age Kitten Breed DSH Color white Grey Markings Animal wearing collar? Yes No X If yes, describe Yes ____ No _X If yes, describe _ Animal wearing tags? Microchipped? unknowives (#) ______ No ____ Condition of Animal well Remarks Owner of Animal Whichowh Telephone Address ☐ Phoned _ ☐ Impound Copy: Date Left _____ Has owner been notified? ☐ Letter: Date Sent SURRENDER STATEMENT I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer. I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one) I have read the above and understand the conditions. DATE

ZIP ______ TELEPHONE NO. ____

_____SIGNATURE _

PRINTED NAME ____

ADDRESS



Cc231 is a male, gray and white domestic sh, 3 years CC231

Due Out Date 01/18/19 Intake Type STRAY

mage at this Sorry No

Intake Date

12/20/18

Reason

Time :(

Hold Notify UNAVAIL

Kennel Status

Location Picked Up/Found:

6835 PENTZ ROAD

Animal Notes & Behavior History

NUTE: RTO 12/29/18

Printed 03/18/19 10:19 AM by jrobbins Intake By: JR

> 925 American Dr. Paradise, CA: 95969 Town of Paradise Animal Control

530-872-6275

Treatment History

ger Gartin		in the
		13/65
BUTTE	E COUNTY ANIMAL CONT 202 MIRA LOMA DRIVE	ROL ANIMAL ID NUMBER
	OROVILLE, CALIFORNIA 95965	(C23)
	(530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	Impound Facility
Bite #	*	
~		Received By Jennifer Ader
1	MPOUND FORM	
Date Impounded 11/16/18 Time	Paris Release Date _	Officer
Animal picked up at 100 68	35 Portz Kd. /four	AlmPh1E worker
Reason for Impound	address (include closest cross street)	Enc Logers
Reason for Impound		
Dog Cat Other	N	F S N
TXH		ox. Age
Color grun lulute	Markings white Chis	+ Wosty black nose
Animal wearing collar? Yes	No if yes, describe _	
Condition of Animal	Remarks	
	TIOMAING	
Owner of Animal		Telephone
Address	City	Zip
	☐ Phoned	e Left
Has owner been notified?	Letter: Date Sent	; LGIL
SURRE	NDER STATEME	NT
I, the undersigned, owner or having control of the Control. I agree to hold the Butte County Anima	e above described animal, release all all Control, and it employees, free of all	claims to it to the Butte County Animal I liability resulting from such transfer.
I also certify that to the best of my knowledge th	ne said animal has / has not bitten any (circle one)	person within the past 14 days.

CITY _____ ZIP ____ TELEPHONE NO. ____

PRINTED NAME ______ SIGNATURE ____

I have read the above and understand the conditions.

ADDRESS _____

DATE _____



CA127B

Ca127B is a female, brn tabby and org tabby domestic sh, 3 years

BCAC: Preventative: Fipronil (Frontline) given 11/17/18 FVRCP: 11/18/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

T19-009025 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL
Hold Notify

Location Picked Up/Found:

MICROCHIP# 982126054138395



MICROCHIP: 98212605413

Animal Notes & Behavior History

NOTE: TRANSFORGED FROM DEL ORD/BUTTE CONTY
ON DECEMBER 20th, 2018

TRASFERRED TO PLACER COUNTY ANIMAL SERVICES

Intake By: SK
Printed 03/18/19 9:44 AM by SKAMM

Town of Paradise Animal Control 925 American Dr. Paradise, CA 95969

530-872-6275

Anthony of the Company of the Company						2	16	115
A Comment of the Comm	Animal	Evac Event	#:		Animal ID #	E ()		40
	Intake	<u></u>				<u> </u>	76	-
Butte County	Form	Incident Nar	ne:	a	Princived R	V		
PUBLIC HEALTH Dis	Saster Shelter 5:	30.538.7019 - 1	VVADG Hotlin	530 895 0000	BCAC OF	520550 00	00	
Date: 11-14-18.	Time:		# of animals by	the owner at	elic	ice 330352,38	58	
Owner:			B					
Name:		Cell #:	T A	18 18 ON	DE#			
Address:		6			9 A	Name:		
355			7 6 6		- TO			
Where will the owner be sta	ving during the eme	/ N	8 1 A		It. Contact	#: 	ž.	
		N III		B. A.		Miles.		
Stray animal picked up at:	322 EDG	EMOOD L	AND BA	8.1052	SR.H	OME PAK	21/	
Animal Description:		î	4		6	0		
Dog Cat	Other	10=6	A F	Male			1	
Breed: BROWN TA	ABBV		Age	· Vin	Female E	Spayed	Neutere	ed
Color:		i		Approx. Age:				
Animal Wearing Collar?	Yes		Markings:	1 4				
Animal Wearing Tags?		No L	If yes, describe	- in-				
	Yes	No L	If yes, describe					
Microchipped?	Yes need scan		Yes (#)				No []
cial Needs/Remarks								
Has the owner been notified?	No 🔝	Phoned	Results:			Paperwork Left		
			Larra Da			r aperwork Leit		
Due to a declared emergency, 1) I understand that my anir	Lam requesting Bu	Li∂ tte County Anima	bility Relea	Sto board my anie				
I understand that my anir I will not hold Butte Count	nal(s) may be expo	sed to disease ar	nd other risks wh	le being housed s	t the shelter at	ove) and agree	o all of the	followin
The state of the s	WINANDG (espons)	ble for the health	or death of my a	nimal(s).	ar me shellet of	other facilities a	nd therefor	e
2) I agree to attempt to find	alternate housing fo	r my animal(s) a	s soon as possib	le.				
3) I agree to contact the age	ncy on a regular ba	sis to keep Butte	County/NVADG	updated on my w	hereabouts & p	ossible atternate	housing	
The state of the body	only agreement is	emporary and I a	agree to make ar	angements for or	claim my pet(s) at the close of	the shelter	
	applect to positing	rees after the clo	se of the shelter.				or loitel	•
r	_	ny animal(s) may	be taken					
	or L	l Decline	any photogra	iphs that are take	n be released t	o the media or p	ublic view	

Owner's Signature at Release

White - Impound Facility

Owner's Signature

BC/NVADG Witness

Yellow - BCAC

eby acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its

Date/ Time:
Pink - Citizen Copy

Date:





Kennel Record

Treatment History

A015524

E196A is a female, brn tabby and black domestic mh, no age E196A

Intake Type STRAY

<u>Due Out Date</u> 12/19/18

Intake Date

Reason

11/19/18

Kennel Status

Hold Notify UNAVAIL

MICROCHIP: 98212605414

Location Picked Up/Found:

ACE HARDWARE/CLARK

mage at this Sorry No Time :(

Animal Notes & Behavior History

Mate: Returned to owned 12/29/18

Printed 03/18/19 2:08 PM by SKAMM Intake By: SK



White - Impound Facility

Animal Intake

Evac Event #:		Animel ID	# E.196	A
Incident Name:	1	Received	By:	

PUBLIC HEALTH	rorm			m		lara	
Date:	aster Shelter :	530.538.7019 -	NVADG Hotline	530.895.000	0 - BCAC Office 53	10552 3888	
	Time:		# of animais by t	he owner at this s	helter:		
Owner:							
Name:		Cell #:			DL#:		
Address:	Λ	11					
	Mae	Hara	Luone		Alt. Contact Name:		
Whom will the			Clark	Ra	Alt. Contact #:		
Where will the owner be stay	ing during the em	lergency:			9		
Stray animal picked up at:					<u> </u>		
Ariimai Disscription:							
	τ Ι						
Dog Cat	Other			Male	Female Spa	yed Neutered	
Breed:	Harry			Approx. Age:			<u> </u>
Color: Tab	h)/		Markings:	4	V.A	F	
Animal Wearing Collar?	Yes	No 🗌	If yes, describe	1		<u>#</u>	
Animal Wearing Tags?	Yes	No 🗍	If yes, describe	1			
*ochipped?	Yes need scan				3		
Special Needs/Remarks	T OF FICE SCALE		Yes (#)		/ []	No 🗌	
, and the state of							
					The state of the s		
Has the owner been notified?	No	Phoned	Results:		Paper	work Left	
		Lie	ability Releas				
Due to a declared emergency, I 1) I understand that my anima	am requesting Bu	itte County Anim:	al Control/NVADG t	o board my ani	mal/a\ /linta d = b =		
I understand that my anima Will not hold Butte County	al(s) may be expo	sed to disease a	and other risks while	being housed	at the sholter or ather	nd agree to all of the fo	llowing
I will not hold Butte County	/NVADG respons	sible for the health	h or death of my ani	mal(s).	at the sheller of biner t	acliities and therefore	
 agree to attempt to find at 	ternate housing f	or my animal(s) a	as soon as possible.	1			
I agree to contact the agent	cy on a regular ba	asis to keep Butte	County/NVADG ur	odated on my w	/hereabouts & nossible	altomate have	
Post and and and post	ing agreement is	temporary and i	agree to make arrai	ngements for o	claim my pet(s) at the	close of the shelfer	
and I will be at	aplect to postdiug	rees after the clo	ose of the shelter.) hadey are the	Gose of the sheller.	
understand that photograg	hs of myself and	my animal(s) ma	y be taken.				
I Allow	ог	I Decline	any photograp	hs that are take	on be released to the m	redia or public view.	
wner's Signature				Г	1.116	1.0/	
				D	ate:	118	
C/NVADG Witness	119/18			14		•	
jeby acknowledge that I am the re and transportation.	e owner/responsil	ole person for the	above animal. I ha	ve taken custoo	dy of my animal and ar	n now responsbile for it	s
mer's Signature at Release					to / The co		
				lna.	te/ Time:		

Yellow - BCAC

Pink - Citizen Copy

Animal Hospital on the Ridge & The VetMobile 1509 Wagstaff Road Paradise, CA 95969

(530) 877-3000

2019 PASH (# 14504) (None),

Feb 08, 2019 **Invoice Number** 44139

Cashier: 13

River (# A)

Species: Feline

Sex: Male Neutered

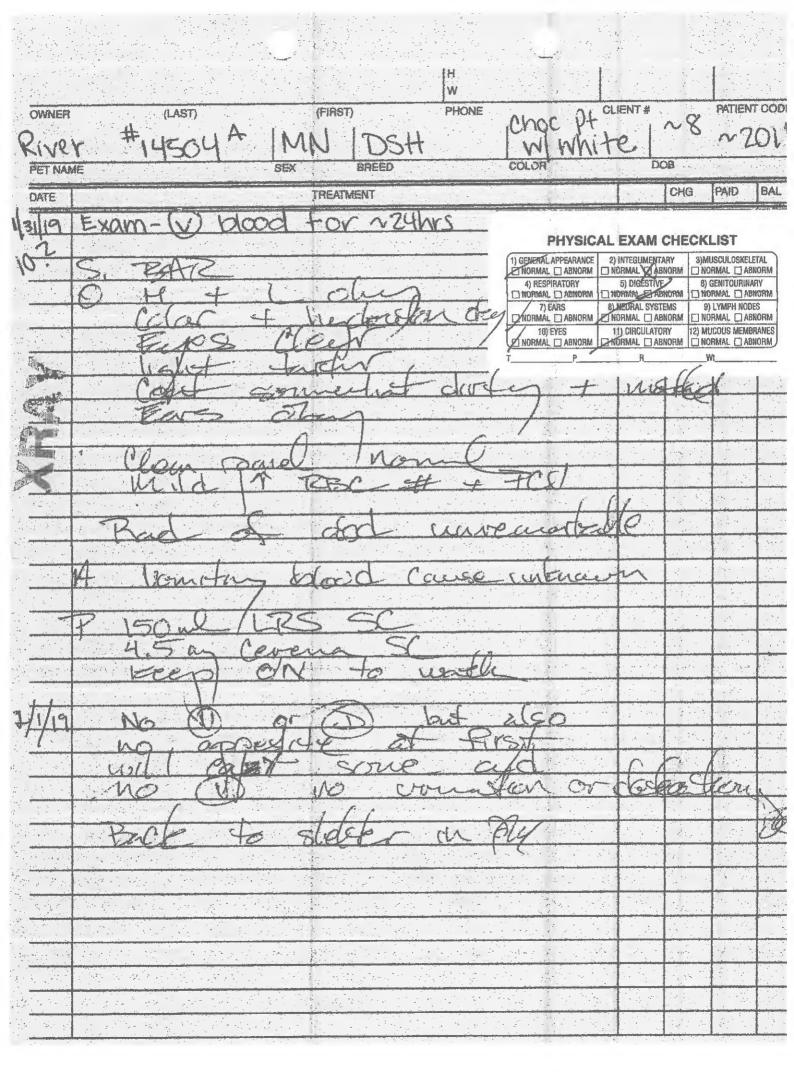
Age: 8 years and 2 months old

Breed: DSH

Coat Color: Chocolate Point

Weight: 0 lbs.

Date	Description	Qty	Price
02/01/2019	Exam - Courtesy	1.00	\$ 0.00
		Total for River:	\$ 0.00
Dr. Dalia Mathan	Dalia Mathan	Total Invoice:	\$ 0.00
1711 27 001100 173.000.000.000		Previous Balance:	\$ 0.00
		Total Amount Due:	\$ 0.00
		New Balance Due:	\$ 0.00



ĺΗ W PATIENT CODE CLIENT# PHONE (FIRST) OWNER DOB BREED BAL PAID CHG TREATMENT DATE स PHYSICAL EXAM CHECKLIST 1) GENERAL APPEARANCE 2) INTEGUMENTARY NORMAL ABNORM 3)MUSCULOSKELETAL ☐ NORMAL ☐ ABNORM A) RESPIRATORY
NORMAL | ABNORM 5) DIGESTIVE 6) GENITOURINARY ☐ NORMAL Z ABNORM 7) EARS 8) NEURAL SYSTEMS 9) LYMPH NODES TNORMAL [] ABNORM ☑NORMAL ☐ ABNORM 11) CIRCULATORY 12) MUCOUS MEMBRANES NORMAL ABNORM NORMAL ABNORM 10) EYES MORMAL ABNORM

Animal Hospital on the Ridge & The VetMobile 1509 Wagstaff Road Paradise, CA 95969 (530) 877-3000

2019 PASH (# 14504) (None),

Feb 14, 2019 **Invoice Number** 44200

Stray (Found After Fire) (#
Species: Feline
Sex: Male

Age: Breed: DSH Coat Color: (None) Weight: 0 lbs.

Date	Description	Qty	_	Price
02/08/2019	Exam - Courtesy	1.00	\$	0.00
02/00/2010	Subcutaneous Fluids	1.00	\$	25.00
	Convenia inj per ml	0.50 _{ml}	\$	34.00
		Total for Stray (Found After Fire):	\$	59.00
Or. Dalia Mathan		Total Invoice:	\$	59.00
		Previous Balance:	\$	0.00
		Total Amount Due:	\$	59.00
		Check(2878)	\$	59.00
		Total Payments - Thank you:	\$	59.00
		New Balance Due:	\$	0.00

OWNER	(LAST)	(FIRST)	PHON		CLIENT #		PATIEN	IT C
1	のましている	11111 7	Sol-	101				
ET NAME	11/1/1904	SEX BREED	DIT	COLOR	CIL	1-2 DOB	W	
ATE /		TREATMENT		001011		CHG	PAID	В
	75	7.1						+
Û	la se boon	a doth						+
	150 6 000	nes stort	ed H	To v	10 All			
	Partiret 1	3/200						de
	5 EAHL	Halley E			AL EXAM CI			
	WildVo	2 40160		1) GENERAL APPEARANCE NORMAL ABNORM	2) HNTEGUMENTARY NORMAL ABNOR	3)MUSOUI IM INORMAL	ÖSKELETAL ABNORM	
	lunes	ohin		4) RESPIRATORY NORMAL ABNORM	NORMAL ABNOF	M NORMAL	OURINARY ABNORM	-
	Coul Per	an go	gy	7) EARS NORMAL ABNORM	B) NEURAL SYSTEMS	M NORMAL	H NODES ABNORM	
	Made	ON THUP C	19715	10) EYES NORMAL ABNORM	INT CIRCULATORY NORMAL ☐ ABNOR	M MORMAL	MEMBRANES ABNORM) .
	+ MUC	Masy de	arnst				2	
	MONY C	lucy .						+
	RUS CK							+
	- 170-1-							+
								T
T	3(0 m	Conserva	e c	5/				
					γ		1	
	以一联	1 00	+31	00			11	
	9 Med	acu v	my c					-
								+
								-
								+
								1
							- 11	
								-
								+
A 40 A								-
								L

Animal Hospital on the Ridge & The VetMobile

1509 Wagstaff Road Paradise, CA 95969 (530) 877-3000

2019 PASH (# 14504) (None), Mar 18, 2019 Invoice Number OPEN: 0

Exam Annual: 03/05/2020

Jose (# H)

Species: Feline
Sex: Male Neutered
Age: 1 year old
Breed: DSH
Coat Color: Badger/White

Weight: 0 lbs.

Date	Description	Qty	Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
03/07/2019	Convenia inj per ml	0.40 _{ml}	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
		Total for Jose:	\$ 95.00

Lane (# G)

Species: Feline

Sex: Male Neutered
Age: 1 year old
Breed: DMH
Coat Color: Black

Weight: 0 lbs.

Date	Description	Qty		Price
03/07/2019	Exam Convenia inj per ml BNP Opth. Oint.	1.00 0.45 _{ml} 1.00 _{Tube}	\$ \$ \$	47.00 34.00 24.00
		Total for Lane:	\$	105.00
Dr. Dalia Mathan		Total Invoice:	\$	200.00

Animal Hospital on the Ridge & The VetMobile 1509 Wagstaff Road Paradise, CA 95969

(530) 877-3000

2019 PASH (# 14504) (None),

Mar 18, 2019 **Invoice Number** OPEN: 0

Exam Annual: 03/05/2020

Jose (# H)

Species: Feline Sex: Male Neutered Age: 1 year old Breed: DSH Coat Color: Badger/White Weight: 0 lbs.

Date	Description	Qty	Price
03/07/2019	Exam - additional animal 1	1.00	\$ 37.00
00/07/2010	Convenia inj per ml	0.40 mi	\$ 34.00
	BNP Opth. Oint.	1.00 _{Tube}	\$ 24.00
		Total for Jose:	\$ 95.00

Lane (# G)

Species: Feline Sex: Male Neutered Age: 1 year old Breed: DMH

Coat Color: Black Weight: 0 lbs.

Date	Description	Qty	 Price
03/07/2019	Exam	1.00	\$ 47.00
05/01/2015	Convenia inj per ml	0.45 _{ml}	\$ 34.00
	BNP Opth. Oint.	1.00 Tube	\$ 24.00
		Total for Lane:	\$ 105.00
Dr. Dalia Mathan		Total Invoice:	\$ 200.00

H W (FIRST) PATIENT COL PHONE CLIENT# OWNER PET NAME DOB Jeug Jeug Jeu TREATMENT DATE PHYSICAL EXAM CHECKLIST 3)MAHSCULOSKELETAL NORMAL | ABNORI 1) GENERAL APPEARANCE NORMAL _ ABNORM 2) INTEGUMENTARY

NORMAL ABNORM 4) RESRIPATORY
NORMAL ABNORM
7) EARS NORMAL ABNORM 5) DIGESTIVE

HIORMAL ABNORM B) GENITOURINARY NORMAL ABNOR 8) NEURAL SYSTEMS
NORMAL | ABNORM 9) LYMPH NODES

NORMAL | ABNOR! 11) CIRCULATORY NORMAL | ABNORM 10) EYES MAL XABNORM 12) MUCOUS MEMBRANI NORMAL | ABNORI



Kennel Record # A015524 E196A

Treatment History

E196A is a female, brn tabby and black domestic mh, no age

Intake Type STRAY

Due Out Date 12/19/18

Intake Date

Reason

11/19/18

Kennel Status

UNAVAIL

Hold Notify

mage at this Sorry No Time :(

MICROCHIP: 98212605414

Location Picked Up/Found:

ACE HARDWARE/CLARK

Animal Notes & Behavior History

Mote: Returned to owned 12/29/18

Intake By: SK

Printed 03/18/19 2:08 PM by SKAMM



Animal

Evac Event #:	5	Animei ID#:	F 196A
Incident Name:	Camp	Received By:	Yare

Disaster Shelter 530 539 704	IO NIVADO USANS EN		
Disaster Shelter 530.538.701	# of animals by the or).895.0000 - BCAC O	ffice 530552.3888
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name:			The same of the sa
Ceii #:		DL#:	
Address: Ace Ha	Edulare	Alt. Contac	ct Name:
	C - 1.	Ait. Contac	ct #:
Where will the owner be staying during the emergency:	Jack	1100-4	
Stray animal picked up at:			
Animal Description:			
	Ma	le Female	Spayed Neutered
Breed: Lang Harr	Ap	prox. Age:	
Color: Tabhy	Markings:	v 1	7 15
Animal Wearing Collar? Yes No	If yes, describe	- 1-9	
Animal Wearing Tags? Yes No	If yes, describe	11 0	40
rochipped? Yes need scan	Yes (#)		No No
pecial Needs/Remarks		74	1 1
		A TOTAL	
las the owner been notified? No Phoned		1	
Prioried	Results:		Paperwork Left
	Liability Release		
ue to a declared emergency, I am requesting Butte County	Animal Control/NVADG to	board my animal(s) (liste	d above) and agree to all of the followin
I understand that my animal(s) may be exposed to dise	ease and other risks while b	eing housed at the shelte	er or other facilities and therefore
I will not hold Butte County/NVADG responsible for the		al(s).	
agree to attempt to find alternate housing for my anim			
	p Butte County/NVADG upo	ated on my whereabouts	& possible alternate housing.
and a serious agreement is temporary	and I agree to make arrang	gements for or claim my p	pet(s) at the close of the shelter.
and any source of the second s			
understand that photograghs of myself and my animal			
[! Allow or i De	ecline any photograph	s that are taken be releas	sed to the media or public view.
wner's Signature		Date:	11/19/18
No Local Control			
NVADG Witness			
Jeby acknowledge that I am the owner/responsible person re and transportation.	for the above animal. I hav	e taken custody of my an	nimal and am now responsbile for its
ner's Signature at Release			
	ı	Date/ Time:	

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Date/ Time:



Kennel Record # A015455 **CA155A**

Ca155A is a spayed female, gray and white domestic Ih, 3 years

BCAC: Preventative: Frontline (Fipronil) 11/17/18 FVRCP: 11/17/18 FVRCP+L: 12/09/18

Rabies vaccine given: 12/01/18 (Rabvac 3)

T19-009027 01/19/19

Treatment History

NORMAL

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/20/18

Reason

Kennel Status

Hold Notify

UNAVAIL

Location Picked Up/Found:

MICROCHIP# 982126054140090



Animal Notes & Behavior History

ADOPTED 1/19/19

Town of Paradise Animal Control



Animal Intake

		1,	2 1	ŧ
Evac Event #:	,	Animal ID #:		_
		144	10	5

	take						
Butte County	orm	Incident Name	a:		Received By:		
POBLIC HEALTH		0.538.7019 - N	VADC Halling	E20 90E 0000	DOAG OFF.	- 500550 000	
Date:	Time:	0.536.7019 - 14		the owner at this sh		e 530552.3888	
11.14.18							
Owner:							all control of the second second
Name:		Cell #:			DL#:		
Address:		1 60	1.0		Alt. Contact N	ame:	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	HKOYL	1	1724 15 S	Man.	Alt. Contact #:		
		<i></i>			Ait. Contact #.		
Where will the owner be stayin	g during the eme	ergency:					
Stray animal picked up at:							
Dog Cat V	Other	· · · · · · · · · · · · · · · · · · ·		Male	Female	Spayed	Neutered
Breed:				Approx. Age:			
Color: (WAM)	111	· · · · · · · · · · · · · · · · · · ·	Markings:				
Animal Wearing Coller?	Yes	No 🗌	If yes, describe	9			
Animal Wearing Tags?	Yes	No 🔲	If yes, describe			* -	
Microchipped?	Yes need scar		Yes (#)				No 🗌
dai Needs/Remarks	je		-				1
	Т						
Has the owner been notified?	No	Phoned	Results:			Paperwork Left	
		Ti-	ability Rele				
Due to a declared emergency, I	am requesting E	ات Butte County Anim	ability Reje	G to hoard my a	nimal(s) (listed a	hovol and agree	to all as the series
) I understand that my anim							
I will not hold Butte-County					a ar the sheller o	r other facilities a	ind therefore
) lagree to attempt to find a							
-							
	ding agreement	is temporary and	agree to make	arrangements for	or claim my pet(s) at the close of	the shelter.
) I understand that I will be s				er.			
understand that photogra		d my animal(s) m	ay be taken.				
I Allow	or	I Decline	any photog	graphs that are ta	aken be released	to the media or p	oublic view.
wner's Signature					Date:		
C/NVADG Witness					:		
eby acknowledge that I am than transportation.	ne owner/respons	sible person for th	e above animal.	I have taken cus	tody of my anima	al and am now re	sponsbile for its
vner's Signature at Release				ſ,	Date/ Time:		
				11	Sale: IIIU6:		

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy





Treatment History

Cc234 is a male, org tabby domestic mh, 4 years CC234

Intake Type

STRAY

Due Out Date 03/27/19

Sorry No

Intake Date mage at this

Time :(

11/16/18

Reason

Kennel Status UNAVAIL

Hold Notify

MICROCHIP: 98212605254;

Location Picked Up/Found:

UNK

Animal Notes & Behavior History

Note: Peturos to owner 1/16/19

Printed 03/18/19 1:35 PM by SKAMM Intake By: SK

				13/23
ACTIVITY NUMBER Bite #	2 ORO\	UNTY ANIMA 02 MIRA LOMA DE /ILLE, CALIFORNI 538-7409 • (530) 8 FAX (530) 538-63	A 95965 91-2907 29	ANIMAL ID NUMBER (C 234 Impound Facility Airport
DILE #				ved By S. Hartin
	IMF	POUND F	ORM	
Date Impounded//_Animal picked up at Reason for Impound	Bay Tre	of Drive address (include closest	ase Date Paradi: burned out	Officerse
Dog Cat _X Breed Color _beige ora			Approx. Ag	
Animal wearing collar	r? Yes N	lo <u> </u>	, describe , describe	
Microchipped? Condition of Animal			No	
Owner of Animal b	rought in	by CHP		Telephone
Addres Has owner been notif		☐ Phoned ☐ Impound ☐ Letter:	city d Copy: Date Left Date Sent	Zip
		NDED ST	ATEMENT	
				to it to the Butte County Anims
Control. I agree to hold the	Butte County Animai	Control, and it emp	noyees, nee or an nabil	s to it to the Butte County Anima ity resulting from such transfer.
I also certify that to the bes	t of my knowledge the	said animal has / h	nas not bitten any perso e one)	on within the past 14 days.

White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy

ZIP ______ TELEPHONE NO. _____

I have read the above and understand the conditions.

ADDRESS _____

CITY ____

PRINTED NAME ______ SIGNATURE ____

DATE _____

10/23 **BUTTE COUNTY ANIMAL CONTROL** ANIMAL ID NUMBER # ACTIVITY NUMBER-CC 2.34 202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 Impound Facility (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329 Bite # Received By IMPOUND FORM Reason for Impound _ _ Approx. Age _____ Color beige / markings / m /si-__ If yes, describe _____ Animal wearing collar? Yes ____ No ___ Yes ____ No ____ If yes, describe _____ Animal wearing tags? Yes (#) ______ No ____ Microchipped? Condition of Animal Owner of Animal brought on 4/ 04/ Phoned _ ☐ Impound Copy: Date Left _____ Letter: Date Sent Has owner been notified?

SURRENDER STATEMENT

I, the undersigned, owner or having control of the above described animal, release all claims to it to the Butte County Animal Control. I agree to hold the Butte County Animal Control, and it employees, free of all liability resulting from such transfer.

I also certify that to the best of my knowledge the said animal has / has not bitten any person within the past 14 days. (circle one)

CC234 Chies lage 29

982 126 052 542 487



Butte County Anima





Complete Com			
Name	Shelter ID	Microchip #	Sex
· ·	CC234	982 126 052 542 487	Male
Breed	Second Breed	Color	Second color
DMH		Tan	
	Special marking	Date Found	Location Found
Age Adult	Special myrang	11/16/18	
Photo	Photo	Photo	Photo
		Marie .	
ALEXANDER OF THE PARTY OF THE P	Fr. 520 528 6229	Email address BCAnimalo	ontrol@buttecounty.net
Phone 530-552-3888	Fax 530-538-6329	Email address occurre	ond ore services.
			Date of Administration
Vaccination	Date of administration	Preventative	
Rabies (required)	12/1/18 (Rabvac 3)	Frontline	11/17/18
	11/18/18	Revolution	12/9/18
	11/10/10	1 11	A 174
FVRCP+L			
FVRCP+L	12/17/18		74.1



Butte County Animal Passport



- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.



Kennel Record # A015448 S113A

S113A is a male, brn tabby and white domestic sh, 1 year 8 months

Intake Type STRAY

Photo

olode

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 982126054120

Location Picked Up/Found:

MICROCHIP # 982126054140039 W/3 KITTENS

Treatment History

T19-009018 01/19/19

NORMAL

BCAnimal control@buttecounty.net: Rabies vaccine given 12/17/18 Rabvac 3

FVRCP+L 12/17/18

FVRCP: 11/18/18

Animal Notes & Behavior History

530-872-6275

Intake By: SK

Aero	Anian Hirport Fou	nd animal Da
Animal	Evac Event #:	Animal ID#: 5113A 64
Butte County Intake	Incident Name: Camp Firt	Received By:
Date: Time:	# of animals by the owner at this s	shelter:
11/14/2018	30 14 Chts 11	RDAD/UNICLE, NOT MOM.
Owner: Name:	[Cell#:	DL#:
Address:		Alt. Contact Name:
Addiess.		Alt. Contact #:
106	acraema.	
Where will the owner be staying during the	nergency:	
Stray animal picked up at:	1 off by Cyrill Va	de
Animal Description:	530-764-021	7
Dog Cat Other	Male	Female Spayed Neutered
Breed: Erey BLACK	bby Approx. Age	:
color: with white	1 face Markings: White as	n Frank Rus
Animal Wearing Collar? Yes	No If yes, describe	L. A. A.
Animal Wearing Tags? Yes	No If yes, describe	1
Microchipped? Yes nee	an Yes (#)	No 🗆
Special Needs/Remarks	N	
		11 - 1.
Has the owner been notified? No	Phoned Results:	Paperwork Left
	Liability Release	
Due to a declared emergency, I am requ	-	my animal(s) (listed above) and agree to all of the follow
I understand that my animal(s) ma		oused at the shelter or other facilities and therefore
I will not hold Butte County/NVADC 2) I agree to attempt to find alternate	onsible for the health or death of my animal(s). ing for my animal(s) as soon as possible.	
1 agree to contact the agency on a		on musuharanhrijts & pj
4) I understand that this boarding ag	nt is temporary and I	y pet(s
5) I understand that I will be subject to	irding fees after the cl	ASSESSED AND ASSESSED
6) understand that photograghs of n	f and my animal(s) ma	
I Allow C	I Decline	ased to
Owner's Signature		
BC/NVADG Witness	2 N L	NATURE I
I hereby acknowledge that I am the own care and transportation.	ponsible person for ti	y anim
Owner's Signature at Release		

White - Impound Facility

Pink



Kennel Record # A015449 S113B

S113B is a male, org tabby domestic mh, 5 months

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify



MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP # 982126054135448 W/48, 50, 51

Treatment History

T19-009019 01/19/19

NORMAL

BCAnimalcontrol@buttecounty.net: Rabies Vaccine given 12/17/18 Rabvac 3

T19-009020 01/19/19

NORMAL

BCAC: FVRCP 11/18/18

NORMAL

FVRCP+L 12/18/18

T19-009021 01/19/19

Animal Notes & Behavior History

530-872-6275

Hero Uni	on Hisport Lon	and almina 712
Animal	Fivac Event #:	Animal ID#: S1138
Intake	ncident Name:	Received By:
Butte County	ncident Name: Camp Fire	
Date: 1 Time:	# of animals by the owner at this she	elter:
	0 Hats = 11	RIMA T SECTIONS
Owner:	Cell #:	DL#:
Address:		Alt. Contact Name:
Address.		Alt. Contact #:
Where will the owner be staying during the	ency:	- (-
Stray animal picked up at: Dray Dra	red off by Cyrill 1	Jado 530 764-6217
Animal Description:		
Dog Cat Other	Male	Female Spayed Neutered
Breed: DSH	Approx. Age:	Kitten
Color: CVC31848	Markings:	Z. 13.
Animal Wearing Collar? Yes	No If yes, describe	ay hall
Animal Wearing Tags? Yes	No If yes, describe	
Microchipped? Yes need :	Yes (#)	No 🗔
Special Needs/Remarks		X W ^
Has the owner been notified? No	Phoned Results:	Paperwork Left
Due to a declared emergency, I am requer	Liability Release	y animal(s) (listed above) and agree to all of the follow
t understand that my animal(s) may i		used at the shelter or other facilities and therefore
I will not hold Butte County/NVADG re	nsible for the health or death of my animal(s).	
2) I agree to attempt to find alternate ho	I for my animal(s) as soon as possible.	
3) I agree to contact the agency on a re-	basis to keep Butte County/NVADG updated on	
I understand that this boarding agree		s for or claim my pet(s) at the close of the shetter.
5) I understand that I will be subject to t	ing fees after the close of the shelter.	
6) I understand that photograghs of mys	nd my animal(s) may be taken. I Decline any photographs that are	e taken be released to the media or public view.
Owner's Signature		Date:
BC/NVADG Witness		
I hereby acknowledge that I am the owner/care and transportation.	onsible person for the above animal. I have taken	custody of my animal and am now responsbile for its
Owner's Signature at Release		Date/ Time:



S113C is a male, gray and white domestic sh, 5 months S113C

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify



MICROCHIP: 982126054140

Location Picked Up/Found:

MICROCHIP # 982126054140048 W/48,49,51

Treatment History

T19-009022 01/19/19

NORMAL

BCAC: Treated for fleas: Fipronil (Frontline) on 11/17/18
Rabies Vaccine given: 12/17/18 (Rabvac 3)
FVRCP given: 11/18/18
FVRCP Booster: 12/18/18

Animal Notes & Behavior History

11/15 Hero Un	Thico Fama	anna ()
Animal	Evac Event #:	Animal ID#: 5113C
Butte County Intake	Incident Name: Tamp Fire	Received By:
Date: 14 2018 Time:	# of animals by the owner at this	helter: Namos + 3 Kiltens
Owner:		
Name:	Cell#:	DL#:
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during the	nergency:	
Stray animal picked up at: Par	Use Dropped off be	Cyrill Vado
Animal Description:		530-7640217
Dog Cat Other	Male	Female Spayed Neutered
Breed: DSH	Approx. Age	Kither
color: Grey	Markings:	-T.
Animal Wearing Collar? Yes	No If yes, describe	
Animal Wearing Tags? Yes	No If yes, describe	-
Microchipped? Yes nee	an Yes (#)	No 🗆
Special Needs/Remarks	een elys	
	0	
Has the owner been notified? No [Phoned Results:	Paperwork Left
	Liability Release	
Due to a declared emergency, I am requ	•	ny animal(s) (listed above) and agree to all of the follow
I understand that my animal(s) ma	exposed to disease and other risks while being ho	used at the shelter or other facilities and therefore
i will not hold Butte County/NVADC	consible for the health or death of my animal(s).	
2) I agree to attempt to find alternate	ing for my animal(s) as soon as possible.	
3) I agree to contact the agency on a	lar basis to keep Butte County/NVADG updated o	n my whereabouts & possible alternate housing.
4) I understand that this boarding agr	ent is temporary and I agree to make arrangement	s for or claim my pet(s) at the close of the shelter.
5) I understand that I will be subject to	rrding fees after the close of the shelter.	
6) I understand that photographs of n	f and my animal(s) may be taken.	A Albanda and Anada and An
1 Allow C	I Decline any photographs that ar	e taken be released to the media or public view.
Owner's Signature		Date:
BC/NVADG Witness		
I hereby acknowledge that I am the own care and transportation.	sponsible person for the above animal. I have take	n custody of my animal and am now responsbile for its
Owner's Signature at Release		Date/ Time:



S113D is a male, black and white domestic sh, 5 **S113D**

months

Intake Type STRAY

Photo

Photo

Due Out Date

01/19/19

Intake Date

11/14/18

Reason

Kennel Status UNAVAIL

Hold Notify

the Identification of Butte County

MICROCHIP: 98212605254;

Location Picked Up/Found:

MICROCHIP # 982126052542198 W/48-50

Treatment History

NORMAL

T19-009023 01/19/19

BCAC: Frontline applied 11/17/18

Rabies Vaccine given: 12/17/18 (Rabvac 3)

FVRCP 11/18/18, FVRCP Booster +L: 12/18/18

Animal Notes & Behavior History

20	of chall	Found amount
Anima	Evac Event #:	Animal ID#: SII3D
Butte County Intake	Incident Name:	Received By:
Date: 14 2018 Time.	30 # of animals by the ov	wher at this shelter: 141 + 3 Kitters Rinks Kitti + 3 Kitters
Owner: Name:	Cell #:	DL#:
Address:		Alt. Contact Name:
		Alt. Contact #:
Where will the owner be staying during	emergency:	
Stray animal picked up at:	aduse - 1942	30-764-0317
Animal Description:	5	30-764-0317
Dog Cat Othe	M	ale Female Spayed Neutered
Breed: BM DS	A	pprox. Age: Kitten
color: Black	Markings: www	en bury on chest
Animal Wearing Collar? Yes	No X If yes, describe	
Animal Wearing Tags? Yes	No If yes, describe	
Microchipped? Yes	scan Yes (#)	No 🔲
		In the second se
Special Needs/Remarks	n eys	
Special Needs/Remarks	Phoned Results:	Paperwork Left
	Phoned Results:	se
	Phoned Results: Liability Releasesting Butte County Animal Control/NVADO	se G to board my animal(s) (listed above) and agree to all of the follow
Has the owner been notified? No Due to a declared emergency, I am re 1) I understand that my animal(s) I	Phoned Results: Liability Release sting Butte County Animal Control/NVADO ce exposed to disease and other risks who	S to board my animal(s) (listed above) and agree to all of the followile being housed at the shelter or other facilities and therefore
Due to a declared emergency, I am re 1) I understand that my animal(s) I will not hold Butte County/NV/	Phoned Results: Liability Release sting Butte County Animal Control/NVADC oe exposed to disease and other risks who esponsible for the health or death of my statement of the s	G to board my animal(s) (listed above) and agree to all of the following housed at the shelter or other facilities and therefore animal(s).
Has the owner been notified? No Due to a declared emergency, I am re 1) I understand that my animal(s) I	Phoned Results: Liability Release sting Butte County Animal Control/NVADO ce exposed to disease and other risks who	Se S to board my animal(s) (listed above) and agree to all of the following housed at the shelter or other facilities and therefore animal(s).
Due to a declared emergency, I am re 1) I understand that my animal(s) I I will not hold Butte County/NV/2 2) I agree to attempt to find alterna	Phoned Results: Liability Release sting Butte County Animal Control/NVADC oe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADC oment is temporary and I agree to make a	G to board my animal(s) (listed above) and agree to all of the followable being housed at the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s).
Due to a declared emergency, I am re 1) I understand that my animal(s) I I will not hold Butte County/NVA 2) I agree to attempt to find alterna 3) I agree to contact the agency of 4) I understand that this boarding 5) I understand that I will be subje	Phoned Results: Liability Release sting Butte County Animal Control/NVADC pe exposed to disease and other risks who responsible for the health or death of my pousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADC ament is temporary and I agree to make a boarding fees after the close of the shelter.	G to board my animal(s) (listed above) and agree to all of the followable being housed at the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s).
Due to a declared emergency, I am re 1) I understand that my animal(s) I will not hold Butte County/NV/2 2) I agree to attempt to find alterna 3) I agree to contact the agency of I understand that I will be subje 5) I understand that I will be subje 6) I understand that photograghs of	Phoned Results: Liability Release sting Butte County Animal Control/NVADO oe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADO oment is temporary and I agree to make a boarding fees after the close of the shelter self and my animal(s) may be taken.	G to board my animal(s) (listed above) and agree to all of the followable being housed at the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s). But the shelter or other facilities and therefore animal(s).
Due to a declared emergency, I am re 1) I understand that my animal(s) I I will not hold Butte County/NVA 2) I agree to attempt to find alterna 3) I agree to contact the agency of I understand that this boarding 5) I understand that I will be subje 6) I understand that photograghs (Phoned Results: Liability Release sting Butte County Animal Control/NVADO coe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADO coment is temporary and I agree to make a boarding fees after the close of the shelter self and my animal(s) may be taken.	G to board my animal(s) (listed above) and agree to all of the followable being housed at the shelter or other facilities and therefore animal(s). Bupdated on my whereabouts arrangements for or claim my er.
Due to a declared emergency, I am re 1) I understand that my animal(s) I will not hold Butte County/NV/2 2) I agree to attempt to find alterna 3) I agree to contact the agency of I understand that I will be subje 5) I understand that I will be subje 6) I understand that photograghs of	Phoned Results: Liability Release sting Butte County Animal Control/NVADO coe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADO coment is temporary and I agree to make a boarding fees after the close of the shelter self and my animal(s) may be taken.	G to board my animal(s) (listed above) and agree to all of the followable being housed at the shelter or other facilities and therefore animal(s). Buble. G updated on my whereabouts arrangements for or claim my ber.
Due to a declared emergency, I am re 1) I understand that my animal(s) I I will not hold Butte County/NVA 2) I agree to attempt to find alterna 3) I agree to contact the agency of I understand that this boarding 5) I understand that I will be subje 6) I understand that photograghs (Phoned Results: Liability Releasesting Butte County Animal Control/NVADO oe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADO ement is temporary and I agree to make a boarding fees after the close of the shelter self and my animal(s) may be taken. I Decline any photographics and photographics are self-and my animal(s) may be taken.	G to board my animal(s) (listed above) and agree to all of the following housed at the shelter or other facilities and therefore animal(s). Bele. G updated on my whereabouts arrangements for or claim my er. Taphs that are taken be released.
Due to a declared emergency, I am re 1) I understand that my animal(s) I I will not hold Butte County/NVA 2) I agree to attempt to find alterna 3) I agree to contact the agency of I understand that I will be subje 6) I understand that photograghs of I Allow Owner's Signature	Phoned Results: Liability Release sting Butte County Animal Control/NVADO coe exposed to disease and other risks who responsible for the health or death of my sousing for my animal(s) as soon as possible gular basis to keep Butte County/NVADO coment is temporary and I agree to make a boarding fees after the close of the shelter self and my animal(s) may be taken.	G to board my animal(s) (listed above) and agree to all of the following housed at the shelter or other facilities and therefore animal(s). Bele. G updated on my whereabouts arrangements for or claim my er. Taphs that are taken be released.



Treatment History

CC242

Cc242 is a male, choc pt ragdoll, 2 years

Sorry No Time :(

Due Out Date 01/18/19

Intake Date

12/20/18

Reason

Intake Type

STRAY

mage at this

Location Picked Up/Found:

Kennel Status

UNAVAIL

Hold Notify

8613 STIRAS WAY

Animal Notes & Behavior History

NOTE: RETURNED TO OWNER 1/18/19

Printed 03/18/19 12:15 PM by jrobbins Intake By: JR

		Room 12
-		#13
ACTIVITY NUMBER	BUTTE COUNTY ANIMAL CONTROL 202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	ANIMAL ID NUMBER CC-242 Impound Facility Airport
Bite #	D	•
	IMPOUND FORM	eived By Dusty
	INIPOUND FORM	
Date Impounded <u>\lambda</u> Animal picked up a	t 86/3 Stras Way, Parace address (include closest cross street)	Officer
Reason for Impoun	d	
Dog Cat Breed Rag do Color Tan, g Animal wearing col Animal wearing tag Microchipped? Condition of Animal	Approx. A Contact Markings Ilar? Yes No If yes, describe yes (#) No	
Owner of Animal \(\)	INKNOWN	Telephone
-	Description of the property o	ft
	SURRENDER STATEMENT	
Control. I agree to hold I also certify that to the	er or having control of the above described animal, release all clain I the Butte County Animal Control, and it employees, free of all liab best of my knowledge the said animal has / has not bitten any pe (circle one)	ms to it to the Butte County Anima bility resulting from such transfer.
! have read the above a	and understand the conditions. SIGNATURE	
ADDRESS	ZIP TELEPHO	NE NO
	White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy	

	Marie Care Care Care Care Care Care Care Car			# 13
ACTIVITY NUMBER	ORO (530)	OUNTY ANIMAL CO 202 MIRA LOMA DRIVE : VILLE, CALIFORNIA 95965) 538-7409 • (530) 891-2907 FAX (530) 538-6329	5	ANIMAL ID NUMBER CC-247 Impound Facility Arr port
Bite #			Receive	d By Dusty
	IM	POUND FORM		-1
Animal picked up at Reason for Impound	8613	address (include closest cross stress	, Paradis	se, CA
Dog Cat BreedC	11 Same	Markings	Approx. Age	unknawh
Animal wearing collar	r? Yes	No If yes, desc	ribe	
Animal wearing tags?		No If yes, desc	No.	
Microchipped? Condition of Animal				
Owner of Animal	UKNOMU			Telephone
Addre		☐ Phoned ☐ Impound Cop ☐ Letter: Date S	v: Date Left _	Zip
*	SURRE	NDER STATE	EMENT	
Control Lagree to hold the	or having control of the e Butte County Anima	e above described animal, re al Control, and it employees,	elease all claims to free of all liability	•
i also certify that to the bes	st of my knowledge th	ne said animal has / has not (circle one)	bitten any person	within the past 14 days.
I have read the above and	understand the cond	litions.		DATE
PRINTED NAME	Age #	SIGNATUR	E	

W. ..

Koom 12

ZIP ______ TELEPHONE NO. ____

ADDRESS _____

henzie Menefee (CCZUZ) Female (530) \$1762-9027 & (530)763.9119 Foster OR Adopt 2333 Pillsbury RD, Chico, This Cat was there everyday. We Call her 'Cece" (Cabincat)



Kennel Record # A015471

Treatment History

Cc204 is a spayed female, gray tabby domestic sh, 4 years CC204

Intake Type STRAY

Due Out Date 01/23/19

Intake Date

11/18/18

Reason

Kennel Status

Hold Notify

UNAVAIL

Location Picked Up/Found:

mage at this Sorry No Time :(

Animal Notes & Behavior History

NUTE: RETURNED TO OWNER 1/23/19

Printed 03/18/19 12:07 PM by SKAMM Intake By: SK

* OR	COUNTY ANIMAL CONTRO 202 MIRA LOMA DRIVE ROVILLE, CALIFORNIA 95965 30) 538-7409 • (530) 891-2907 FAX (530) 538-6329	ANIMAL ID NUMBER Impound Facility Received By
IN	POUND FORM	
Date Impounded 11/14/18 TimeAnimal picked up at 5ky wayReason for Impound	2 Placstruff Rd address (Include closest types street)	Pavadise
Animal wearing tags? Yes Microchipped? Yes (#)	Markings Appro	x. Age 2 years
Owner of Animal		Telephone
Address Has owner been notified?	☐ Impound Copy: Date	e Left
SURRI	ENDER STATEME	NT
I, the undersigned, owner or having control of the Control. I agree to hold the Butte County Anim I also certify that to the best of my knowledge to	ne above described animal, release at nal Control, and it employees, free of a	claims to it to the Butte County Animal liability resulting from such transfer.
I have read the above and understand the con-		DATE
PRINTED NAME		
ADDRESS		
CITY	ZIP TELEF	PHONE NO



9

Animal ID: A0928779 Kennel No: CAT03-E Intake Date: 11/14/18 Status: STRAY



Age:

2Y 0M

Sex:

UNALTERED FEMALE

Weight: 8.80 LBS

Color: BROWN

Collar: NONE

Markings:

Intake Type: STRAY

Intake Subtype: OTC

Microchip Scan: YES NEGATIVE on 11/14/18 @ 1:32 pm

Location Foun O SKYWAY X WAGSSTAFF RD PARADISE

Assessment Date: 11/20/18

11/14/2018 1:40:29PM

Story Story 1560)

DDA, PDA & PDA EXP, AGGRESSIVE, UNPREDCTBL, HYPERACTIV, ACTIVE, TIMID, FRIENDLY, QULL C:\Program Files\Chameleon Software\Chameleon\Crystal\F3 Reports\Kennel Card_RS.rpt



Kennel Record # A015532

Ca166A is a neutered male, brn tabby and white domestic sh, 4 years **CA166A**

Intake Type STRAY

Due Out Date

12/14/18

Intake Date

11/14/18

Time :(

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 982126054140

NEAR RITE AID -MAGALIA

_ocation Picked Up/Found:

mage at this Sorry No

Treatment History

T19-009072 02/27/19

Treated for burns on front feet 12/08/2018 Care Animal Hosp-Redding ID#3339, File #: 2891

Animal Notes & Behavior History

NOTE: WAS RETURNED TO OWNER 12/29/18

530-872-6275

-	8 8 June 18 8 1 J. P. Left
1	
111	
- 10	
- 18	1000
世	utte County
	PUBLIC HEALTH

Animal F

	#474
Evac Event #:	Animal ID#: CA 146A
ncident Name:	Received By:

						CH 146	DE	
THE RESERVE OF THE PARTY OF THE	take	Incident Name	1		Received I			
Butte County FO	orm							_
Disast	ter Shelter 530.5	538.7019 - NV				fice 530552.38	388	
Date: 11-14-18	Time: 1830	D	# of animals by the	ne owner at this	shelter:			
Owner:								
Name:		Cell #:			DL#:			
Address: Yourd by	tal Gro.	Pila	N: 1 ava		Alt. Contac	t Name:		
70012 700	<u> </u>	MA	Aid are	<u></u>	Alt. Contac	t #:	<u> </u>	
Where will the owner be staying	during the emerge	ency:	Maria -					
Stray animal picked up at:						* 4		
					<u> </u>			
Animal Description:	T							1
Dog Cat Z	Other			Male	Female	Spayed	Neutered	
Breed: DSI+				Approx. Ag	e: <u> </u>	100	· V	
Color: Tabbu			Markings:		10	#43 J	100	
Animal Wearing Collar?	Yes	No 🗌	If yes, describe	-	1 1	<u>)</u> , 1	1	
Animal Wearing Tags?	Yes	No 🗌	If yes, describe			- P	N.	
Microchipped?	Yes need scan		Yes (#)			1,000	No 🗌	34
cial Needs/Remarks					*	11		2
					, 4	1	A	
Has the owner been notified?	No	Phoned	Results:			Paperwork	left 🗍	
The the evilor pool floating?		THORICA	Acoulto.			Таретион	Zeit	
Due to a dealared empresson L	em requestine Dut		ability Rele			Market Sandan	una én all afélia.	E+11
Due to a declared emergency, I 1) I understand that my anim	-							
I will not hold Butte County					used at the shell		35 and merelore	7
agree to attempt to find a				,				
I agree to contact the ager			•		ı mv whereabout	s & possible alte	rnate housing.	
I understand that this boar			-	·	-	·	_	
5) understand that I will be s	subject to boarding	fees after the o	close of the shelt	er.				
6) understand that photogra	ghs of myself and	my animal(s) m	ay be taken.					
I Allow	or _	I Decline	any photo	graphs that a	re taken be relea	ased to the media	or public view.	
Owner's Signature					Date:			
				l I				
BC/NVADG Witness								
hereby acknowledge that I am to and transportation.	he owner/responsi	ble person for t	he above animal	. I have taker	custody of my a	animal and am no	w responsbile fo	or its
Owner's Signature at Release					Date/ Time:			
141.11	4.6		V. H	I		D. 1 O		

Trans to Pat hilliains

Pink - Citizen Copy



Kennel Record # A015456 E139A

E139A is a female, brn tabby domestic sh, 3 years

Intake Type RETURN

<u>Due Out Date</u> 01/22/19

Intake Date

01/22/19

Reason

Kennel Status
UNAVAIL

Hold Notify

oort - Control of the control of the

MICROCHIP: 98212605413

Location Picked Up/Found:

ADOPTER CHANGED MIND.

Treatment History

T19-009028 01/19/19

NORMAL

BCAC: Preventative: Advantage II

Rabies Vaccination given: 12/01/18 (Rabvac 3) FVRCP+L: 12/01/18 FVRCP+L: 12/16/18

Burn Treatments R front, L hind

Animal Notes & Behavior History

Note: Adoption Fiers. 2, 2019

530-872-6275



Animal Intake

	Strox
Evac Event #:	Animal ID# 139A
Incident Name:	Received By:

PUBLIC HEALTH FOR		TROCER IVAILE.	amp	tije	Received By:	Lar	en
		38.7019 - NV	ADG Hotline 5			530552.3888	3
Date. 11 18/17	ime: 17	24	# of animals by the	owner at this she	ter: 		
Owner:					11/0	a T	
Name:		Cell #:			DL#:		
Address: 1683	Ga	te Lo	ire	1	Alt. Contact Na	ime:	
	Pax	adil	<u>`</u>	A	Alt. Contact #:	A.	
Where will the owner be staying dur	ring the emerge	ncy:		11 1			
Stray animal picked up at:				1,7-2	NA.		
Animal Description:			e 1	4 A	1		
	ther	1		Male	Female		
Proof:	mi.	1	* *	Approx. Age:	I cinale	Spayed	Neutered
Color: Rrawn	Tabh	/	Markings:	Арргод. Адаг) , , (0	100
Animal Wearing Collar? Ye	es 🗆 N		If yes, describe			- UN	
Animal Wearing Tags? Ye	s N		If yes, describe	MU	.07		 -
rochipped? Ye	s need scan	7	Yes (#)	1	XQ.	110	No 🗆
Special Needs/Remarks		0			1		
		14					
Has the owner been notified? No	Р	honed [Results:			Paperwork Left	
		l ial	bility Relea	60			
Due to a declared emergency, I am r	requesting Butte				imal(s) (listed ab	ove) and agree	to all of the following
1) I understand that my animal(s)							
I will not hold Butte County/NV							
2) I agree to attempt to find alternation	ate housing for	my animal(s) as	s soon as possibl	le.			
agree to contact the agency o							
understand that this boarding					or claim my pet(s	s) at the close of	the shelter.
5) understand that I will be subje				•			
I understand that photograghs of	of myself and m	y animal(s) may	y be taken.				
I Allow	or	l Decline	any photogr	aphs that are tal	en be released	to the media or _l	public view.
Owner's Signature				I	Date: \(118/18	
C/NVADG Witness							
	arr						
reby acknowledge that I am the ovare and transportation.	witer/responsible	e person for the	above animal. I	have taken cust	ody of my anima	il and am now re	esponsbile for its
wner's Signature at Release					Date/ Time:		

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



NVADG Small Animal Care Schedule

1683 Grate In

ANIMAL ID NUMBER F1391A

No chip.				ANIMAL	ID NUMBER	13017
•	ain with animal!)	(Return C	are Schedule wi	th clipboard t	o Intake when anim	al is released.)
OWNER Last Na	me:			First Name:		
		week in the later of the				100
Name	Species	Bre	eed Cold	or/markings	Gender	ID (collar/tag/etc.) DESCRIBE
\$	Fel	Do.	mi Bec	Lad.	☐ Male ☐ Female ☐ Spay/Neuter ☐ Intact	
List medical probler details.	ns, necessary med	lications, or die	etary needs? Incl	ude time & me	thod normally administe	ered and any other
List behavioral char	acteristics of whic	h we should be	e advised.			
SPECIAL INSTRUCTION					et Care Pictur	
Level and Australia	THE NUMBER OF SECOND	S White Re	T .		Tarring Carl Mark A	
Date	Walked	Fed	Cage Cleaned		Comment	<u> </u>
V18 1900						
11/19/18 1088				New in	take. Burns -	to feet noted -
:				alerted	Dr team. Nor	mal wrine,
				no sto	101. Appears	in head.
				Eating	well.	
				and the same of the	red pul also	RRIR
					lation dean G	, * I
				bi. Oce a	aphine. 5Q	Fluids PRN
111918					n to pad; k	
FILL I				1	ointment /bon	1
				7-	erfocuel burn)
						uted clown CH)
				Chara		
						ia enegta.
				E-EOW	or	
	1		i .	1		



Treatment History

Cc231 is a male, gray and white domestic sh, 3 years CC231

Intake Type STRAY

mage at this Sorry No

Due Out Date 01/18/19

Intake Date

12/20/18

Reason

Time:(

Kennel Status

UNAVAIL

Hold Notify

Location Picked Up/Found:

6835 PENTZ ROAD

Animal Notes & Behavior History

Note: RTO 12/29/18

Printed 03/18/19 10:19 AM by jrobbins Intake By: JR

> 925 American Dr. Paradise, CA 95969 **Town of Paradise Animal Control** 530-872-6275

7 ACTIVITY NUMBER		ANIMAL CONTROL	ANIMAL ID NUMBER
p		A LOMA DRIVE :ALIFORNIA 95965	CC 23
<u> </u>	(530) 538-740	9 • (530) 891-2907	Impound Facility
	FAX (53	30) 538-6329	
Bite #			To -C. Assure
		Receiv	ved By Tennifer Aceves
	IMPOU	ND FORM	
Date Impounded	6/18 Time 1930	_{в.т.} Release Date	Officer
Animal nicked up at	Mar 6835 Pent	z. Rd. (found by 16 (include closest cross street)	51 E Worker
Annual picked up at	C: address	(include closest cross strest)	Evic Rogers)
Reason for Impound _	pre	- Ulb	
	2.1	The same	
Dog Cat	Other	M F	S N
Breed Dort		Approx. Age	
color gray Wh	H Marki	ngs white Chost, M	osty black nose
() (If yes, describe	
Animal wearing collar?			
Animal wearing tags?	Yes No _✓	If yes, describe	
Microchipped?	Yes (#)	No	
Condition of Animal	0,000	Remarks	
	0		
Owner of Animal	D- Gus STER	ESA GARDNER (205) 226-0221
Covider of Affilial	*20	O N.C	Telephone
6843 W12		ALLARI SA	Zio
12/29/18	ПБ	Phoned	
10 (0)(10		mpound Copy: Date Left _	
Has owner been notifie	d? [] L	etter: Date Sent	
	SURRENDE	R STATEMENT	
I the undersigned owner or h		scribed animal, release all claims to	n it to the Butte County Animal
		nd it employees, free of all liability	
I also certify that to the best of	f my knowledge the said anim	nal has / has not bitten any person (circle one)	within the past 14 days.
I have read the above and und	derstand the conditions.		DATE
PRINTED NAME		SIGNATURE	
ADDRESS			
0.51	ZIP_		0

13/65



Kennel Record # A015453

Ca127B is a female, brn tabby and org tabby **CA127B**

BCAC: Preventative: Fipronil (Frontline) given 11/17/18 FVRCP+L 12/09/18

Rabies Vaccine (Rabvac 3) given: 12/01/18

T19-009025 01/19/19

Treatment History

NORMAL

domestic sh, 3 years

Intake Type STRAY

Due Out Date 01/19/19

Intake Date

11/14/18

Reason

Kennel Status

UNAVAIL

Hold Notify

MICROCHIP: 98212605413

Location Picked Up/Found:

MICROCHIP# 982126054138395

Animal Notes & Behavior History

NOTE: TRANSFORMED FROM DEL ORD/BUTTE COUNTY ON DECEMBER 20th, 2018

TRANSFERRED TO PHONER COUNTY ANIMAL SORVICES 1/29/2019

925 American Dr. Paradise, CA 95969 **Town of Paradise Animal Control**

530-872-6275

Printed 03/18/19 9:44 AM by SKAMM Intake By: SK



Animal Intake

Evac Event #:	Animal ID#: CA13
Incident Name:	Received By:

Butte County	Form	Incident Nam	ne: 		Received By:	
Disa	ster Shelter 5	30.538.7019 - N		530.895.0000 the owner at this sh	O - BCAC Office 530552	.3888
Date: 11.14.18				<u> </u>		
Owner:	. <u> </u>	10 ""		AW	-41/2	
		Cell #:	1. 1	K	DL#;	
Address:		- 1	100	1	Alt. Contact Name:	
			1 57	4.5	Alt. Contact #:	
Where will the owner be staying	ng during the em	ergency:		4 17		
Stray animal picked up at:5	37.7. FDG	FWOOD 1	ANE PA	RENCC	SR. HOME 7	2001
Animal Description:		C		INV)E	JK . 1101-11E T	776
Dog Cat	Other	10=6	- N	Male	Female Spayed	Neutered
Breed: BROWN TA	BBY			Approx. Age:		
Color:			Markings:	1/1		
Animal Wearing Collar?	Yes	No 🗌	If yes, describe			
Animal Wearing Tags?	Yes	No 🗌	If yes, describe			
Microchipped?	Yes need sca	n	Yes (#)			T. 🖂
cial Needs/Remarks			1 2 (0)			No L
In the second	T. 5	T -	,			
las the owner been notified?	No 🔼	Phoned	Results:		Paperwor	k Left
		Li	ability Rele	 ase		
Que to a declared emergency.	l am requesting l	Butte County Anir	nal Control/NVAD	OG to board my a	nimal(s) (listed above) and a	agree to all of the following
) understand that my anin	nal(s) may be ex	posed to disease	and other risks w	hile being house	d at the shelter or other facil	ities and therefore
I will not hold Butte Count						
 I agree to attempt to find a I agree to contact the age 						
) I understand that this boar	ncy on a regular	basis to keep But	tte County/NVAD	G updated on my	/ whereabouts & possible ait	ternate housing.
) I understand that this boar	rding agreement	is temporary and	I agree to make a	arrangements for	or claim my pet(s) at the cl	ose of the shelter.
understand that I will be				∋r .		
understand that photogra		nd my animal(s) m	2 m			
I Allow	/ ог ——	I Decline	any photog	graphs that are ta	aken be released to the med	lia or public view.
wner's Signature					Date:	
C/NVADG Witness						
reby acknowledge that I am to and transportation.	the owner/respor	nsible person for t	he above animal.	I have taken cus	stody of my animal and am n	now responsbile for its
wner's Signature at Release				[

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Date/ Time:



Intake

Great Company	1112	CA155a	471
Evac Event #:		Animal ID#:	
Incident Name:	· · · · · · · · · · · · · · · · · · ·	Received By:	

Disaster Shelter 530.538.7019 - NVADG Hotline 530.895.0000 - BCAC Office 530552.3888 Date: # of animals by the owner at this shelter: Owner: Name: Cell #: DL#: Address Alt. Contact Name: Alt. Contact #: Where will the owner be staying during the emergency: Stray animal picked up at: Animal Description: Dog Cat Other Male Female Neutered Breed: Approx. Age: Color: Markings: Animal Wearing Coller? No if yes, describe Animal Wearing Tags? Yes No If yes, describe Microchipped? Yes need scan Yes (#) Nο cial Needs/Remarks Has the owner been notified? No Phoned Results: Paperwork Left **Liability Release** Due to a declared emergency, I am requesting Butte County Animal Control/NVADG to board my animal(s) (listed above) and agree to all of the following: I understand that my animal(s) may be exposed to disease and other risks while being housed at the shelter or other facilities and therefore 1) I will not hold Butte County/NVADG responsible for the health or death of my animal(s). agree to attempt to find alternate housing for my animal(s) as soon as possible. 2) I agree to contact the agency on a regular basis to keep Butte County/NVADG updated on my whereabouts & possible alternate housing. 3) I understand that this boarding agreement is temporary and I agree to make arrangements for or claim my pet(s) at the close of the shelter. 4) I understand that I will be subject to boarding fees after the close of the shelter. 5) I understand that photograghs of myself and my animal(s) may be taken. 6) I Allow I Decline any photographs that are taken be released to the media or public view. Owner's Signature Date: BC/NVADG Witness

I have by acknowledge that I am the owner/responsible person for the above animal. I have taken custody of my animal and am now responsbile for its Owner's Signature at Release

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy

Date/ Time:



Animal

SIIAN	
Evac Event #:	Animal ID#: FIGAA
Incident Name: CIMIN LIVE	Received By:

14-	-1							
Butte County Fo	ake	Incident Name:	Camp Fi	SP	Received By:	Kil	M	
PUBLIC HEALTH	rm				DCAC Office I	520E52 20	299	
	r Shelter 530.	538.7019 - NV		owner at this shelf	BCAC Office :	3033E.3		
Date:	Time: 75	5	- Of artificials by the	S Office at all of the				
Gwnet:						1		
Name:		Cell #:		Je	DL#:			
Address:		<u> </u>		A 12	Alt. Contact Nan	ne:		
				(N	Alt. Contact #:			
Where will the owner be staying	during the emer	ency:						
	Contrig the circle				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			<u> </u>
Stray animal picked up at:	781 N	unnely	#18	Paradis	0	<u> </u>	*.	
Animal Description:				8 N.		l bull	<u> </u>	
Dog Cat X	Other /	le Chip		Male	Female	Spayed	Neute	red
Breed: Tabby				Approx. Age:	017			.
Color: Orang-	e_		Markings:	1				
Animal Wearing Collar?	Yes 🗌	No 🔀	If yes, describe		1			
Animal Wearing Tags?	Yes	No 🗌	If yes, describe					
srochipped?	Yes need scan		Yes (#)				No	
Special Needs/Remarks	Scare	V	Daws					
		_	-					
Has the owner been notified?	No 🗌	Phoned	Results:			Paperworl	k Left]
			ability Rele	ase				
Due to a declared emergency, I	am requesting B	utte County Anin	nal Control/NVAL	OG to board my a	animal(s) (listed at	ove) and a	gree to all o	f the following
I understand that my anima								
I will not hold Butte County								
2) agree to attempt to find a								
lagree to contact the ager	ncy on a regular	basis to keep Bu	tte County/NVAE	OG updated on m	y whereabouts &	possible alt	ternate hous	ing.
4) I understand that this boar								
5) I understand that I will be s	subject to boardi	ng fees after the	close of the shel	ter.				
6) I understand that photogra	ighs of myself ar	nd my animal(s) r	nay be taken.					
I Allow	y or	I Decline	e any phot	ographs that are	taken be released	to the me	dia or public	view.
Owner's Signature					Date:	191	8	
	/ 10/			٦				
PC/NVADG Witness	4 91	1		.		and and a	now roonen	ehile for ite
ereby acknowledge that I am care and transportation.	the owner/respo	nsible person for	the above anima	al. I have taken c —	sustody of my anin	ıaı arıu am	now respon	SDIE IOI IIS
Owner's Signature at Release				7	Date/ Time:			

White - Impound Facility

Yellow - BCAC

Pink - Citizen Copy



Kennel Record # A015498 STEVEN TYLER

STEVEN TYLER

Steven Tyler is a neutered male, brn tabby and white domestic mh, 9 years

Intake Type

STRAY

ue Out Dat

Due Out <u>Date</u> 12/23/18

Intake Date

11/23/18

Reason

Kennel Status

AVAILABLE

Hold Notify



1) A TRANSFERRED TO RACER CO. AS.

Location Picked Up/Found:

SAWMILL RD/BIG PINE CHIP#900079000632795

Treatment History

NORMAL

T19-009056 01/29/19

NVADG-BCAC Rabies Vaccine & FVRCP given 12/20/2018

Animal Notes & Behavior History



Butte County Animal Passport



Part I - Identification of	Animal		
Name/Location Paradise	Shelter ID Steven Tyler	Microchip # 900-079-000-632-795	Sex Male / altered
Breed CAT	Second Breed DMH	Color * Brown Tabby	Second Color White feet and chest
Age Senior 9yrs	Special Markings	Date Found 11.23.2018	Location Found Sawmill and Big Pine
		Additional Notes: Treated for burns Dr. I	Darling









Part II - Identification of Butte County Point of Contact

Part III - Health Examination

Vaccination	Date of administration	Preventative	Date of Administration
Rabies (required)	12.20.2018		
FVRCP	12.20.2018		

FVRCP: R = Rhinotracheitis; C = Calicivirus; P = Panleukopenia; L = Feline Leukemia

Pertinent History:







Agreement of sheltering group

- 1. The animal depicted here is a resident of Butte county and is under the full control and management by Butte county Animal Services. All decisions regarding medical care, adoption, movement and handling must be cleared by Butte County Animal Services.
- 2. Any medical issues with this animal must be conveyed to Butte County Animal Services via point of contact above. Animals needing advanced veterinary care can be referred to UC Davis VMTH Hospital in coordination with Butte County Animal Services.
- 3. The Butte County Animal Passport will be valid for a period of 4 months and subject to renewal.
- 4. The caretaking institution is responsible for proper husbandry and good animal welfare.

I agree to the above clauses and will uphold agreements made with Butte county.

VACCINATION CERTIFICATE

Account #: 3600

Owner: Camp Fire Cats

Address: Durham, CA 95928

Phone: 530

Animal: Steven Tyler

Species: Feline

Breed: Domestic Medium Hair

Color: Tabby

Gender: Male

Birthdate: 12/20/2009

Age: 9 years 3 days

Weight: 8.30

Chip #:



Date	Vaccine	Manufacturer	Serial #	Туре	Tag #	Due on
The second second	Kabies - i Year					12/19/2019
	FVRCP -1 Year					12/19/2019



Darling Veterinary Clinic 2520 Dominic Drive, Suite 145 Chico, CA 95928 (530) 892-8910 darlingvetclinic@yahoo.com

Gary Darling, DVM

12/21/2018

Revolution 146

AO. WITY NÚMBER	BUTTE COUNTY ANIMAL CONTI	ROL ANIMAL ID NUMBER
	202 MIRA LOMA DRIVE OROVILLE, CALIFORNIA 95965 (530) 538-7409 • (530) 891-2907 FAX (530) 538-6329	CC26 Impound Facility
Bite #		lance
	INTROLLING TO THE	Received By Ellinfer
	IMPOUND FORM	Teves
Date Impounded 1	23 18 Time 1600 Release Date	Officer
Animal picked up a	Corner of Saumill Rd G	Big Pine lane
Reason for Impound	Campfire	~
Cicked up b	Brandon Mackie (734)	190-8393
Dog Cat _X	Other M	FSN
Breed DL	Appro	
Color Grey 1	Markings	
Animal wearing coll	r? Yes No If yes, describe	
Animal wearing tags	? Yes No If yes, describe _	
Microchipped?	Yes (#)	10
Condition of Animal	₽	
	,	
Owner of Animal		
		Telephone
Addre	City	Zip
	☐ Phoned	1 61
Has owner been notif	led? Date Sent	
	SURRENDER STATEMEN	VT T
I, the undersigned, owner of Control. I agree to hold the	having control of the above described animal, release all c Butte County Animal Control, and it employees, free of all	laims to it to the Butte County Animal
I also certify that to the best	of my knowledge the said animal has / has not bitten any	person within the nast 14 days
I have read the above and u		DATE
PRINTED NAME	SIGNATURE	
ADDRESS		
CITY	ZIP TELEPH	ONE NO
	White - Impound Facility / Yellow - BCAC / Pink - Citizen Copy	



NVADG Animal Care Schedule

Intake # <u>CC 2/0/</u>

	1 1																			
	(For	m to	remain	with anin	nal!)		(Return C	lule with	with clipboard to Intake when animal is released.											
(OWNER	Las	Name:						Fi	First Name:										
200		42,25		v = 7.0 t	-0.0			1 12 2			V									
		#1 s					le es		· · · · · · · · · · · · · · · · · · ·	en partie										
	N	ame		Spe	cies		Bre	eed	Color	/markings	Gender :	ID (collar/ta								
\vdash			 									DESCRIE								
									00.	/	™ Male									
	(4		Jel			Dut	4	XV2	A, ,	☐ Female	NCF								
	2110	and the						F		dack	☐ Spay/Neuter									
9											☐ Intact	.,								
L	ist medica	l pro	blems,	necessary	med	dicatio	ons, or die	tary need	s? Includ	e time & met	hod normally administr	ered and any othe								
d	etails.	ŀ									-									
	st behavio	10				.1	-11 1 1													
10	الالمك	ran. Avis	naracte RAAK	eristics of	WILL	:n we	SUORIG DE	advised.												
S	PECIAL IN	TR	CTIONS				**			Under Ve	t Care 🗆									
				•				Officer ve	Picture	VEC										
- R	15(8(9)211 519			9.75		£	n za re	g and the second		Picturi										
	Date			Walked ^{>}	ul.		Fed	Cage CI												
	1/22/10			/v guseu	13)/		/	/1	· H	41-	Comments									
4	1/2/18	, 1	600				/	M	wa -	- May	& Journed									
		4/12				è			(west stran	After food									
		h h	1																	
		-	-																	
_																				
									11											
		į.																		
					-															
		- 1																		
]											
		-			-															
_		-			-															
_																				
				-																
					+							<u> </u>								
	-	-																		
	•		 																	
		;																		
_		3	1																	
	Revised	\$/21	/0214								•									
		1:						7.	I											



VCA Valley Oak Veterinary Center

2480 Dr. Martin Luther King Jr. Pkwy Chico, CA 95928

(530) 342 - 7387

		···	0) 342 - /38/			10
	de c	ent				1 (
Control	se Animai	Home: Work: Mobile: (530)	872 - 5911 slover@gm	86	Patient Name:	2018-11-23 [Sawmill Rd (# 39705)
Paradise	CA 95969	Email 2: Client Initials:	6.6	16	Species: Breed: Color:	Feline Domestic Lon Hair Gray And Black
		~ L	am / crtz		Sex: Birth: Age: Weight:	Male Neuter
Visit Reason: Injur Trau	/ Injured /	VCA Valley Oak	G. Annt 11	22/2000	Tail	
Prince and the second			17:32	23/2018 at	(a) Checke	ed in at: 17:32
	ing question					
			Current Diet			
Appetite is	Good	Fair Poor	Quantity per Day	Ca	nned	Dry
Energy level is			Current Medication	nn		
reath is						
Skin/Coat condition is						
Ears are						
Vails are		The objection in the same . Something the same is the same the same the same in the same the same in t	#			
2014	ULB DIES	marketti Did				
Procedure	Due Da	swinill-Ref s resords :	Cer that the rei	owing vaccin	es are thre	
nysical Exam	Due Da	Status	Procedu	re		
el Panieukopenia			Fel Rabies		Due Date	Status
Leukemia			Fel Respiratory Virus			Review
Heartworm RX Dental Cleaning			Fecal Exam			Review
Dental Cleaning		Review	Fel Flea Prevention			Review Review
t:	NVAT		0 1			Keview
ointment Notes: burned pay	vs- found at the c	> G - Said N orner of sawmil rd and big pi	ing for total	de hydro	ited -8	
			0	t Dex 1 1 Ket -	to d	0
			0.	15 ml Bup	AL.	*

Thank you for trusting us with your pet's care. Your friends at VCA Valley Oak Veterinary Center.

Printed at: 11/23/2018 at 17:33

Acceptance Domestic Longister	int #: 91750 , 3 American Way Para ner: (530) 872 - 6275 0: (530) 872 - 5911 2018-11-23 DLH Series: Falina Dame	Back awn	cline: (5: nill Rd"	30) 8	372 - 6 # 397 (∍igh OC€	nt: edu	ıre .	- 41	bs (1	S k	g				Ε	Date) _	U	<u>h</u>	Ylu
Exam & approval Part Part	lor: Gray And Black	DOB:	ongHail					i	ırge	30n	ı,	DY	15	<u>/r</u>	6	_F	الادرا	D	<u> </u>	^	\SS	T_	_		
P R Route Time Time Total fluids given Total fluids given Time Time Time Time Time Time Ti	x: Male Neutered									'am	2	anr	7			_						The state of the s			
Bulophanol 10mg/ml									^	CU I	D CX	app			_	B.	ED.W						-		
Bularphanol 10mg/ml mg ml mg mg				·							r Dos	se	—r	_	oute	-	HVI	T	ime					۳_	
Dr. Review Dextomate 0.5m grint mcga.:05 ml V					8	Butor	phanol	10m	ıg/m.	I		n	ng							17	点	\		V	1
Doctorition Disastering Doctorition Disastering Doctorition Disastering Doctorition Disastering	Blood Drawn		_ //		I	lydro	morph	one:	2mg	/mi		n	ng		m	1			_	П) I	\mathcal{N}		U
Pre Anes	1		l)			Dexdo	mitor	0.5m	g/m	ı T	•				ζm	ı —	1/1	<i> </i> -		1	F	Ί,	W	W	
Pre Anes	Dr. Review		_ //		F	Cetan	nine 10)Omg	/ml								7	Τ,	-		0~	IN.			- 1
Pre Anes					Е	Зирге	norphi	ne ().	3mg	/ml			_	. 15	m	ı –	17	7	-	10	יע	Ųι.			
Pain Control	Pre Anes		_ [/		A	cepr	omazi	ne 10	mg/	ml –					– mi	Ī. —			_	1					
Pain Control					N	/lidaz	olam 5	img/r	ni			_			mi	_	1		_				liq.		
Acepromezine 1mg/ml mg ml mg mg	Pain Control		_//)iazej	pam 5ı	ng/m	1						 ml	_			-						
Note	4				A	cepn	omazir	ne 1n	ng/m	ıl 🗍					– ml				-	-					
No Catheter			ŀ		A	ntise	dan 5r	ng/m	ı	_					- ml				ini						
Et Tube Size	IV Catheter		- /			S	ize _				L	_													
Et Tube Size	Induction: Drug	704				M	g		r	nl d	raw	n		1			ai	Ven							- (
Procedure: Start Time 10 - 18 End Time Extubation Time Total fluids given	Et Tube Size								_	_			ron			7									
Anesthesia Start Time	Describer									•	nrie	, GIV	GH	-		\dashv	- An	172	IVI						
Microtroring Time:	_	Sta	rt Time	13	<u>ا</u> ر	5										\perp				ı					
Time: 5 10 16 20 25 35 40 45 50 55 5 10 15 20 25 36 40 45 50 55 Agents: ml/hr		Sta	πıme	4	<u> </u>			_	Е	xtu	bati	on T	īme							То	tal	fluic	is gi	ver	
Agents: milhir m																					_	-	•		
Fluids: Meds: Meds:			<u>. </u>		5 10	15 2			35	40	45		_		5 10	0 1	5 2			3	5 40	0 4	5 50	55	
Meds:			!		T	-	עווזו ד	nri	-	-		n	nl/hr	L		4		n)Vhr					ml/	hr
Hispari I :: Oxygen Flow Vaporizer Setting Duration Systolic P 170 180 140						+-	\vdash	+	+	+		-	-	 - -	\vdash	+				<u></u>				\Box	
Hispari I :: Oxygen Flow Vaporizer Setting Duration Systolic P 170 180 140						+		-	+-	+	+	+	-	-	\vdash					-		_		_	
Elizabil 11						\top	1-1	_	+-	十	+	+	\vdash			+						-		\dashv	_
Discourage Dis										+	\top	+		Н					-	\vdash				\rightarrow	
Vaporizer Setting Duration Systolic P 170 160 Diastolic P 150 140 X Mean P 130 120 X Heart Rate 110 Resp. Rate 90 Spo2 70 End Tidal CO2 60 40 A 30 20 100 A 70 A 40 A 30 0 20 0 10 0 Temperature(F) Fq q q q q E.C.G. Bonic														П	\dashv				_	-				\dashv	
Duration Systolic P 170 160 160 150 144 Mean P 130 120 Heart Rate 110 Resp. Rate 90 Spo2 End Tidal CO2 Temperature(F) E.C.G. 170 170 180 170 180 170 180 180					\perp																			\dashv	
Systolic P		F			-			+	+	1	\vdash	\downarrow				П									
Diastolic P Mean P Heart Rate 100 Resp. Rate 90 80 Spo2 End Tidal CO2 Temperature(F) E.C.G. 160 150 140 140 140 140 140 140 14			170					┿	+	╄	\vdash					П	\Box			\Box					
Diastolic P					-	-		╄	+	+-	-	-		-	4			4	_	_		_		\Box	
Mean P Heart Rate 140 130 120 120 110 100 Resp. Rate Spo2 End Tidal CO2 Temperature(F) E.C.G. 140 130 120 140 140 140 140 140 140 140 140 140 14	Diastolic P	^		-+	_		-	+	╁	-	╁	-				\vdash	\dashv	-		-	-	_	4	4	_
Mean P 130 120 120 110 100 Resp. Rate Spo2 End Tidal CO2 Temperature(F) E.C.G. Spo3 Spo3 Temperature(F) E.C.G. Spo3 Spo3 Spo4 Spo5 Spo5 Spo6 Spo6 Spo7 Sp		N ⁱ	140					1,	V	+-	┢			+	+		-	+	\dashv	-		-	-	+	_
Heart Rate	Mean P	-											1	7		+	7	,	\dashv	\dashv	-	-+	+	+	\dashv
Resp. Rate 90 80 80 70 60 60 60 60 60 60 60 60 60 60 60 60 60	Linovi Det-			\perp		-			-			14				7	Ť	7	7	十	\dashv	-	1	+	
Resp. Rate 90 80 70 60 70 60 60 60 60 60 60 60 60 60 60 60 60 60		A	100	-				ľ	L	X	X		Y			- 1	- 1				\neg	\dashv	\top	十	
Spo2 End Tidal CO2 Temperature(F) E.C.G. 80 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 60 70 70 70 70 70 70 70 70 70 70 70 70 70		d		-+	- -		_	╄		-	_	\vdash	_	*		某			\Box	1	\Box			工	
End Tidal CO2		7		+		1	+	+=	┼	-		4	\mathcal{A}	-		Λ	4	+	4	4	4	4	_		_
End Tidal CO2	Spo2	g		+	-	H	_	╁	-	V		7	-	*	1	+	7	-	+	4	-	4	\perp	4	_
Temperature(F) E.C.G. Find Tidal CO2 Find T	P-17011000		60			木	1	*			*	4	木	+		+	4	+	-	+	+	+	+	+	
30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	End Tidal CO2	4		T						45	-	木	Ţľ,	木	1	+	+	+	\dashv	+	+	+	+-	+	_
20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				_	-	\Box						1	J			T	1		+	+	+	1	+	+-	7
Temperature(F) 949 973 E.C.G. Benic				+	+-1				0	0				I		I	7					1	1	+	
Temperature(F) 949 97.3 E.C.G. Benic				+	┿	-ф	-	0			1	9	9	4	4	φ	Y		J			J		1	
Temperature(F) 949 97.3 E.C.G. Box				+	+	+	- [-	\vdash	_				4	+		1			1	T	T	T		I]
E.C.G. Box	Tampount				1	+		G.			+		1		<u> </u>	_	+	٠,	+	L	+		-		-
		7	-		+	_		14	4														1		
Hugger											- 1						1				T				
	7-ten	i a fr									+	Tugo	jer		1		_			_					_

American Way Paradise, c 4 \$5969 10 10 10 10 10 10 10 1	nt #: 91750 ,·	F					ı				
Common C	American Way Paradise, CA	195969								5 1 /	يرر أ _ت را
10.00 10.0		iei (530)) 872 - 6276	Veight:	lb	s k	g		Date	. 14	L7110
Discription Domestic long hair Surgeon PCS RVT ASST	- '		(400705)	Proced	lure	Redele	40 /	1			
Discourage Dis			(#39/05)				39	1			_
Male Neutered		ghair		Burgeo	on	PSS	RVT	े ऽ	ASST		
P R MM CRT BP	-						_			•	_
Does	(, Maia Mantaraa)r Exa	m & appı	rovai _					_
Does					Р	R	MM		CRT	BP	
Hydromophone Zinghm		8			Dose	Rout	9 -	Time	Init	ials	
Devicement			Butorphanol	10mg/ml	n	g m	ıl				
Dir. Review Kotamine 100mg/ml mg Q, 1 ml N	Blood Drawn		Hydromorph	one 2mg/m	olm	g m	1				
Pre Anes	:		Dexdomitor ().5mg/ml	m	cg bosm	17/6	500	1		
Pre Anes	Dr. Review	[/ _	Ketamine 10	0mg/ml	m	g 0,1 m	I W				
Pain Control V Midazolam Singimi mg mi			Buprenorphia	ne 0.3mg/n	nl m	9.015 m	1(v)				₩.
Pain Control	Pre Anes		Acepromazir	ie 10mg/m	ı mı	g m	1.7		1		
Acapromezine ting/ini							1				
Acepromezine trasylval mg ml mg mg	Pain Control	/	Diazepam 5n	ng/ml			1				
Antiseden 6mg/ml Mg ml Location / given				_			_	-			
Note Size			Antisedan 5n	ng/ml	-				-		
Et Tube Size	IV Catheter	- K	Size		Locati	on					
Et Tube Size	Induction: Drug		Ma	100	Leleman	. ,		_			1
Procedure: Sar Time			wg			— <i>'</i> —	give	n	İ		
Anesthesia Sar Time Extubation Time Total fluids given Monitoring	Et lupe Size	#			Time Give	en	AM /	PM	ļ		
Anesthesia Sar Time	Procedure: S	art Time	9	Fr	nd Time						ĺ
Nonitoring						me		-	Total fi	uide aiven	1
Time: 5 10 15 20 25 35 40 45 50 55 5 10 15 20 25 35 40 45 50 55	Monitoring	#) Otest III	IIGS GIVELI	
Agents:	Time:		5 10 15 20 25	35 4	0 45 50 5	5. 51	0 15 20	25	35 40	AR ED ER	
Meds:			ml/				10 20		30 40		
District P				TI							
Silizoid 1	IMGUS.		╂╫┼┼┼┼								
Coxygen Flow Vaporizer Setting Duration Systolic P 170			╏┈╎╶╎┈╎					+			
Cxygen Flow Vaporizer Setting Duration Systolic P 170 160 160 140 160 140 160								┼┈╣			
Vaporizer Setting											
Duration Systolic P	Vaporizer Setting									+	
Diastolic P	Duration			-							
Diastotic P	Systolic P	170						\vdash			
Mean P				 							
Mean P	Diastolic P	F III							++	+	
Heart Rate 120	Mean P	EC									
Heart Rate				╇╼┼╼┼			-				
Resp. Rate 90 80 80 70 60 80 80 80 80 80 80 80 80 80 80 80 80 80		2		 - - 				-			
Spo2 End Tidal CO2 End Tidal CO2 Temperature(F) E.C.G.								-			
End Tidal CO2	resp. Rate o								1	+++	
End Tidal CO2 End Ti	Spo2			1-1-1							
40		-		╊╼┾╌┼							
30	End Tidal CO2							-	1-1-		
20						1-1-1		-	+		
10									1-1-		
Temperature(r) E.C.G.				┢╼╄╼╇							
Temperature(i) E.C.G.				 -	+++	111	111				
E.C.G.	Temperature/F)					1	1 1				
		 -				+					
										<u> </u>	

meri r: (53 (530))18-1 pies: I pr: Gr: : Mal	ican Way Paradise, CA 30) 872 - 6275 Back lin 872 - 5911 11-23 DLH Sawmill Feline – Domestic Lon ay And Black DOB: e Neutered 7	l Rd'	" (#3	9705)	Butorph Jydrom Dexdon Ketami Bupren Acepro Midazo Diazep	St. St. D f anol 10 orphon nitor 0.4 ne 100 orphine mazine mazine lam 5m	r Ex	on am	& a 0050	_ms	R R Cgl	Roi Non	R	N T T T T T T T T T T T T T T T T T T T		ime		RTIN	ilia	BI	A al al al	Oi it co	57	0.05 N
_	6				Acepro Antise			/mi		—'''			ml											
	V Catheter		,			ze _	- Granci			.oca	tion													
	nduction: Drug				M	g		_ml;	draw	/n		_ /		_	give	эп								
	Et Tube Size								Tim	e Gi	ven	_		_	AM .	/ PN	1	ſ		-	٦			
		Shar	Time	118	115			En	d Tir	ne	1	7:4	8					_			ا			
		II: N	Time	10	17			Ex	uba	tion	Tih	IE						Tota	al fi	uids	giv	en.		
	Montoring								<u> </u>		es.		5 1	n 4	5 20	2.		35	40	45	50	55		
	Time:		10.	5 1	0 15		/hr	35 4	U 40	טס כ	mi/		0 1		,	_	l/hr					m!/		
	Agents:			· ·		1 1	/rat	_			T		T											
	Fluids: Meds:	1	-		+	++					工										-	\dashv		
	Meds.										4	_	-	_							+			1
						-	_	-		-	+	1	-						_	H				
:	-				+-+	-	+	+-		_	+	\top	+											
5	Oxygen Flow Vinu	Air A			+-+	1-1																		
	Vaporizer Setting	11									-	_					<u>. </u>							
1	Duration					-					-	{		1				3 .						
	Systolic P	٧	170 160		++		+	-																
	Diastolic P	A	150						Ŀ	7	\Box			-					_					
			140					+	+1	\vdash	+	+		-	-					Н				
	Mean P	•	130 120		++	*			\Box	X														
	Heart Rate	X	110			3				ZY.							<u> </u>		_					
			100				4	4-	-	1	\dashv			┼	⊢	-	\vdash	⊢		-	Н			
	Resp. Rate	0	90		+	T		+	-		-	+		+									П	
	Spo2	s	70				1	上																
			60				_				4	4	- -	╀-		-	_		-					
	End Tidal CO2	E	50 40		+-+		-1	+	Н	1	-	十	+	+			-		-					
			30								口													
			20 10		+-+		σφ	+	H	H	+	+	+	+	-				-					
			0		1						_	十	+											
	Temperatur	(F)										1										•		
	E.C.G.	(/			+	+			1	\dashv												_		
	1.5.6.	L	1	<u> </u>	1				1	1		L.,		1				Į	<u></u> .					ı

Client: Paradise Animal Control (91750) Patient: 2018-11-23 DLH Sawmill Rd (39705)

Provider: Tori Letner, DVM Record Date: 26-Nov-2018



SEDATION REPORT

Page 1 of

Client

Paradise Animal Control

872-6275 jen

Other: (530) 872-6275

Patient

Feline

2018-11-23 DLH Sawmill Rd

Domestic Long Hair

Gray And Black

Male / Neutered - 7.4 lb

(26-Nov-2018)

26-Nov-2018 Sedation - Draft

Sedation procedure

Tori Letner, DVM Sedated with Butorphanol 0.06 mls IV, Dexdomitor 0.10 mls IV, Ketamine 0.03 mls IV:

Bandages removed from pelvic limbs - cleaned wounds gently with sterile saline. Dried feet and

applied

925 American Way

Paradise, CA 95969

the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenic gel, lidocaine, prilocaine. Let cream sit for 15 minutes and then rinsed with sterile saline. Dried feet and applied Honey crear mixture: Manuka honey, olive oil, coconut oil, bees wax

Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

Bandage removed from thoracic limbs:

RTL has adaptic clear bandage over the wound. There is a tilapia skin graft covering approx half the wound. Some of the tilapia has slipped down off wound revealing a 1.5 x 2 area of granulation tissue with central area of bone exposure. Had to trim the tilapia here as it had dried out. Cleaned this area of the wound gently with sterile saline. And left the remaining tilapia in place with Adaptic bandage over it. Dried feet and applied the gabapentin cream mixture: Gabapentin, Ketamine, Diclofenac gel, lidocaine, prilocaine.

Let cream sit for 15 minutes and then rinsed with sterile saline. Applied Honey cream mixture: Manuka honey, olive oil, coconut oil, bees wax to the small area that did not have tilapia over it. Applied Telfa pad, cast padding, cling, vet wrap and elasticon.

LTL has tilapia in place and Adaptic clear bandage overlaying. Did not treat this paw. We replaced

the outer bandage and rewrapped with, cast padding, cling, vet wrap and elasticon.

Bandages changes will be due again on all 4 feet in 2 days.

MEDICAL HISTORY: 23-Nov-2018 to 25-Nov-2018



Kara Smith, DVM

Tori Letner, DVM

26-Nov-2018 Progress note

09:11

PLANS

Superficial corneal ulcer

Continue BNP TID

Burn victim

D/C IVF today. Flush IVC q 8 hours.

Continue buprenorphine and BNP as directed.

26-Nov-2018 Progress note

12:35

ASSESSMENTS

Burn victim

Healing wounds.

PLANS

Burn victim

- Bandage changes of all 4 feet due in 2 days on 11/28/18. At that time we can remove or replace the tilapia skin graft if is has not adhered. If there is no tilapia available then okay to treat wounds with burn cream and manuka honey cream.
- 2. Cont with current plan and pain medications (buprenorphine) and BNP OU

26-Nov-2018 Order items

- Hospitalization Holding [49.168]: 24.00 hr
- Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each
 - Butorphanol (Torbugesic) 10mg/mL/mL [53.9055] Dose: 0.6 mg (Amt: 0.06 mL)
 - Dexmedetomidine (Dexdomitor) 0.5mg/mL/mL [53.9052] Dose: 0.05 mg (Amt: 0.1 mL)
 - Ketamine (gen) 100mg/mL/mL [53.9034] Dose: 3 mg (Amt: 0.03 mL)
- Bandage/Dressing: Routine [27.3]: 1.00 each
- Sedation [242.135]: 1.00 each
 - Anesthesia Drug (Pick List) LINK [242.179]: 1.00 each



Kara Smith, DVN

Petra Stoyanof, DVM

Kara Smith, DVM

Kara Smith, DVM

25-Nov-2018 Exam

08:12

May prefer dry.

PLANS

Inappetence.

Dry food noted in FLOW.

Superficial corneal ulcer

Continue BNP.

25-Nov-2018 Progress note

14:43

PLANS

Burn victim

Bandage change:

Sedated with dexmedetomidine 0.05ml, ketamine 0.1ml, buprenorphine 0.15ml. Mildly reactive at end of bandage change.

RTL: fish skin and Tegaderm in place over dorsal antebrachial wound, burns to paw. Left fish skin in place.

LTL: fish skin and Tegaderm in place over paw. Left fish skin in place.

For burns without fish skins, placed honey on paws and placed Adaptic and Telfa over paws. Applied bandages x4.

If clean, pelvic limb bandages can be changed in 2 days, thoracic limb bandages in 2-4 days.

25-Nov-2018 Progress note

19:20

PLANS

Burn victim

SW DVM that did bandages today - she said burns warrant pain meds.

Buprenorphine added TID to FLOW>

25-Nov-2018 Order items

- Hospitalization Holding [49.168]: 7.00 hr
- Hospitalization Holding [49.168]: 17.00 hr
- Buprenorphine (Buprenex) 0.3mg/mL/mL [53.351] Dose: 0.06 mg (Amt: 0.2 mL)

26-Nov-2018 Progress note

09:11

Day 4 hospitalization - Vitals WNL.

Eats well. Bandages changed yesterday.

EXAM FINDINGS

CLIENT INTERVIEW General findings

Whole body

General findings

... - BAR, friendly cat.

Corneal ulcer OD - looks sl. larger than yesterday.

Bandages in place X 4 paws. Shaved ventral chest and abdomen.

Singed face/healing well.

Good appetite.

ASSESSMENTS

Inappetence.

Resolved.

Superficial corneal ulcer

Epithelium that is not healing may be sloughing. Hopefully this heals from the deeper layers up.

Burn victim

Doing great.

*Documents are available as separate attachments or files. VCA Valley Oak Veterinary Center 2480 Dr. Martin Luther King Jr. Pkwy, Chico, CA 95928 | (530) 342-7387



Kara Smith, DVM

24-Nov-2018 Order items

- Hospitalization/hour Level 1 Fel [49.250]: 7.00 hr
- Fluids IV Maintenance/hr [37.84]: 7.00 hr
- Hospitalization/hour Level 1 Fe! [49.250]: 6.00 hr
- Fluids IV Maintenance/hr [37.84]: 6.00 hr

Inpatient visit {25 Nov-2018 to 26-Nov-2018}

Appointment Type: Same Day Provider: Kara Smith, DVM Sex / age / weight: Male - Neutered / n/a / 6.1 lb (26-Nov-2018)

Concerns (Problem List)

Active

- Inappetence. (25-Nov-2018)
- Superficial corneal ulcer (24-Nov-2018)
- Burn victim (24-Nov-2018)

25-Nov-2018 Exam

08:12

CLIENT INTERVIEW

General findings

Transfer of care - Hospitalized 2 days ago for burns sustained in the CAMP fire.

Pt was sedated and had bandages placed yesterday after a day of IVF.

A Convenia and buprenorphine injection were given at 6 p.m Friday per treatment sheet. No pain medications given since then.

Maintained overnight on LRS at 15 mls/hr, and BNP ointment q 8 hours d/t a comeal ulcer

Eating just a little today - previously ate some chicken and A/D.

EXAM FINDINGS

Whole body

General findings

- . - Attitude: Bright, responsive, and alert - friendly

Ophthalmic Exam: Corneas clear and no ocular discharge, greasy eye OD,

small superficial corneal ulcer visible, no blepharospasm

Otic Exam: NSF

Oral: Moderate tartar and gingivitis

Nose/Throat: Normal Cardiovascular: purring

CRT - 1-2 sec

Mucous Membranes - Pink

Respiratory: purring

Abdominal Palpation: Normal palpation, no organomegaly, masses or

tenderness

Musculoskeletal: Normal gait, thin

Body Condition Score - 4/9

Integument: bandaged X 4 feet, smokey coat, flea dirt/burned debris in

Lymph Nodes: No lymphadenopathy

Genitourinary: No palpable renal or bladder abnormalities noted, external

genitalia palpate and appear normal, large urinary bladder Neurologic: Normal mentation, no apparent deficits

ASSESSMENTS

Inappetence.

Offered dry and ate readily.

Burn victim

Bandages changes yesterday at noon.

Superficial corneal ulcer

Healing.

Inappetence.



Dustine Spencer, DVM, Practice Limited to Surgery

24-Nov-2018	Exam		Travis Howarth, DVM
08:36	Pelvic region	External genitalia	Normal - External genitalia normal size and shape, no tumors or discharge appreciated.
	Integument	General findings	Ulceration - All 4 feet Soot caked on feet
		Skin and haircoat	Normal - Healthy coat, no evidence of ectoparasites, alopecia or pruritus.
	Lymphatic system	Peripheral lymph nodes	No Peripheral lymphadenopathy
	Musculoskeleta!	Posture	Normal posture
		Ambulation	Normal gait
	Nervous system	Brief neurological exam	Unremarkable - CN 2-12 intact, no CP deficits, normal placing responses all 4 limbs
	A CCECCA ACRITE		

ASSESSMENTS

Burn victim

Severe dehydration and malnutrition along with burns to the feet It is difficult to tell how burned feet are due to the debris

PLANS

Burn victim

IVC

Fluids LRS 150 ml bolus 2 hrs>15 ml/hr

Give food and water

Did not want to eat or drink and first, but did about 6 hrs later

Convenia 0.4 ml SQ

Buprenorphine(0.3 mg/ml) 0.3 ml IV

Deal with wounds tomorrow, when cat is hydrated

24-Nov-2018 Progress note

14:00

ASSESSMENTS

Superficial corneal ulcer

PLANS

Burn victim, Superficial corneal ulcer

- Sedation
 - Dexmedetomidine 25 mcg, Ketamine 10 mg and Buprenorphine 0.045 mg IM Right thigh
 - Adequate sedation for wound evaluation.
 - Required mask with Iso 1-2% to complete clip, clean and bandage placement x 4 limbs
- Procedure
 - Shaved all paws and cleaned limbs with dilute chx soln.
 - Soaked each paw with dilute chx and removed hemorrhagic debris and dirt
 - All four paws with second third degree burns, some digits on RTL with bone exposure
 - Right TL carpus with third degree burn approx 3 x 4 cm
 - Dried and placed pain salve on all lesions, left for 15 minutes and rinsed off with sterile 0.9% saline
 - Bilateral PL paws placed collagen powder and wrapped with light bandage
 - Left TL paw placed collagen powder and wrapped with light bandage
 - Right TL paw placed tilapia skin graft on carpal lesion and palmar aspect of paw/digits, covered in Tegaderm. Wrapped with light bandage.
- · Patient awake by end of procedure
- FDT: OD 3-4 mm superficial uptake central globe. OS NSF. Applied BNP OD.
- Recovery
 - Smooth
 - Patient remained cold. Placed under Bair hugger.
- IVF 15 ml / hr
- Bandage change approx 3-4 days
- RX BNP Ophthalmic ointment OD q 8
- DVM: Amy Grimm



Inpatient visit (23: Nov-2018 to 24: Nov-2018)

Appointment Type: Emergency Provider: Travis Howarth, DVM Sex / age / weight: Male - Neutered / n/a / 6.1 lb (26-Nov-2018)

Concerns (Problem List)

Active

- Inappetence. (25-Nov-2018)
- Superficial corneal ulcer (24-Nov-2018)
- Burn victim (24-Nov-2018)

23-Nov-2018 Order items

- Exam Emergency After Close Late [3.202]: 1.00 exam
- · Hospitalization Setup [49.320]: 1.00 each
- · Hospitalization/hour Level 1 Fel [49.250]: 6.00 hr
- IV Fluids Setup [37.83]: 1.00 each
- Fluids IV Maintenance/hr [37.84]: 6.00 hr
- Cefovecin (Convenia) 80mg/mL/mL [53.344] Dose: 32 mg (Amt: 0.4 mL)
 - In house. Refills: 0.
 - Your pet may be eligible for a rebate...Go to zoetispetcarerewards.com for details.
- Buprenorphine (gen) 0.3mg/mL/mL [53.30] Dose: 0.09 mg (Amt: 0.3 mL)

		(9 0) 0.	59,	.sc. 0.05 mg	(MING OLD THE	-)		
24-Nov-2018	Exam						Travi	s Howarth, DVM
08:36	VITALS							
	Temp (F)	HR	RR SI	ВР	CRT	MM color	Pain ([0-4])	BCS (/9)
08:36	101.7	180	30 1:	15	< 2	Pink	2	3
	CLIENT INTER	RVIEW						
	General find	lings	History - NVADG s. Brought in from CA					
	Transfer of (Care	Hospitalization Upd	late				
	EXAM FINDIN	IGS						
	Whole boo	ły	Attitude	Quiet				
			Activity	Inactive				
			Mentation	Depress	ed			
			Hydration	Dehydra	tion - 10%			
	Eyes		Cornea	Clear and	bright - OU	l		
			Globe	Enophth	almos			
			Vision	Apparent	normal visio	on		
	Ears		External ear canal	Clean and	d free of deb	ris and odor - AU		
			Hearing	Apparent	normal hear	ring		
	Mouth		Oral exam	Normal -	Minimal tart	ar or gingival eryth	ema.	
			Teeth	Calculus	index I			
	Thorax		Heart	No murm pulses bil	ur or arrhyth aterally.	nmia noted.; Synchr	onous Pulses - S	trong femoral
			All lung fields	Normal b	ronchovesic	ular sounds - All 4 c	luadrants.	
	Abdomen		Abdominal palpation	n Unremark organom	cable - The a egaly.	bdomen was soft a	nd compliant no	masses or



MEDICAL HISTORY

23-Nov-2018 to 25-Nov-2018

Client

Paradise Animal Control (91750)

872-6275 jen

Other: (530) 872-6275

Patient

2018-11-23 DLH Sawmill Gray And Black

Rd (39705)

Male / Neutered - 7.4 lb (26-Nov-2018)

Feline

Domestic Long Hair

Most recent visit date:

25-Nov-2018

Patient Alerts: n/a

Microchip No.:

n/a

Rabies tag ID / date :

n/a

Current medical overview: as of 26-Nov-2018

Service Reminders		Due Date
Physical Exam		Review
Fel Rabies		Review
Fel Panieukopenia		Review
Fel Respiratory Virus		Review
Fel Leukemia		Review
Fecal Exam		Review
Fel Heartworm RX		Review
Fel Flea Prevention		Review
Fel Dental Cleaning		Review
Weight by Age	Wt.	Record date
n/a		
Active Concerns		Established
Inappetence.		25-Nov-2018
Superficial corneal ulcer		24-Nov-2018
Burn victim		24-Nov-2018
Inactive Concerns		Established
n/a		
Resolved Concerns (since 23-Nov-2018)	Established	Resolved
n/a		
Medications (since 25-Nov-2017)	Amount	Disp. Date
Cefovecin (Convenia) 80mg/mL/mL In house.	0.40 mL	. 23-Nov-2018

24-Nov-2018 08:37: Your pet may be eligible for a rebate...Go to

zoetispetcarerewards.com for details.

Exported by: Jordan Stout on 26-Nov-2018

40.4

		181.0	(3) (3)	-	-71		-	41	<u> </u>			-												
Client ID				M	AL.	A	,)		Anin	nai I	D:	5	TE	NEN	آ ر	7/2	رسا.	2	,			
Veterinarian			E.		2											NEV	D	ate:	1	1		/		
Problem List	:								_										1/		1	0		
1.				_		_																		
2.																								_
3. 4.																								
										J	Т								1	,				
am	7	8	9	10	11	12	1	2	(3) 4	5	6	7	8	9	10	11	12	1	2	3	4	5	
initials																								T
7				۲.					le	2.2	,	10	0 . 1										<u> </u>	H
P									ļ	U11			19	_										\vdash
R											, NO	1	- '					_						\vdash
MM Colour									P	\top		1	?				\dashv	-						
CRT (sec)										590							-+							_
Attitude									B	3			+	+-			-	-					\dashv	
Fluids mls/hr							\forall		7			+	+	+					\dashv			-	\dashv	
Fluids in						\exists		1	\dashv	+	+		+	+	\dashv	-	+		\dashv		-		\dashv	
Urine out								7	7		\dagger	+	+	1	_	\dashv	-				\dashv		\dashv	_
BM		1					1	\dashv				+	+		\dashv	+			\dashv		+	\dashv	\dashv	_
Vomit				\top		1	1	\dagger	+		+	+	\dagger	-	\dashv	-	-	\dashv	+	-	-	+	+	
Food		\top				1	\top		7	+	V	EC	y 1	111	11/4			-	+	_	+	+	+	_
Water							\dagger	1	+			1/2	10	~ a		-	+	+	+	\dashv	+	+	\dashv	
Medications							+	\dagger			+	-	+	+-	+	_	+	-	+	-	_		+	
							+	-	+			+	-	+	+		+				+	-	+	\dashv
		7		\top	\top	\top	+	+	+		+	-	-	\vdash	+	-	+	+	+	+	+	+	+	-
Diagnostics	+	+	+	+		+	+	+	+	-	-	+-	-	-	+	_		+	+		+	-	+	\dashv
	+	+	+	\dashv		\dashv	+	+	+	+	+	-			-	-	-	+	+	+			+	_
	+	+	+		4	+	+	+	+	+	-			_	+	-	+	_	\perp	_		\perp	_	_
	\perp						-	\perp						1										

7.2#

Client ID:											Ani	mal	ID:	S	TE	VE	SN	_	(4	LE	R	٠		
Veterinariar	1:			-													D	ate:	24	10		/ .>		
Problem List	**																		11	12	- [[_V&		
2.																								
3. 4.			-																					
	7		1	1	1				. 11			T .							1		1	т		_
am	7	(8	9	10	11	12	. 1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	
Initials																						1		
T		10	o.S	•						:	101	01												\vdash
Р			96									0/1	w	-										-
R		3	l, _								30									_				-
MM Colour		P							\neg		P													
CRT (sec)			Seg								<u> </u>													
Attitude			AL							4	3			\dashv		_							_	
Fluids mls/hr								\dashv	\dashv														-	_
Fluids in					\neg		\top	1	+			\dashv	_	+					\dashv				\dashv	
Urine out								\top	\top			\dashv				7						\dashv	\dashv	
вм								1	+	NO.	00	2		+			1	\dashv	\dashv		-		\dashv	_
Vomit				7			1			- 1			\top	\top					\dashv		\dashv	\dashv	+	
Food	30	52	ppet	re			1	1		g	me.	AP	\top	\dagger	1	1			\dashv		_	-	+	
Water			3.0					1		Ť						\neg	\dashv	+		_	7	\dashv	+	
Medications	1.		/ B.	0	SO					\top				+	,	_			\dashv	-	+		+	\dashv
	_		15)		30		-	1		+	+	+		-	-	+	+	\dashv	+	-+	_	-	+	ᅱ
	\dagger	\dagger	+		+	+		+	+	+	+		+	+			+	+	+	\dashv	+	+	+	\dashv
Diagnostics	+	+	+	+		_	+	+	+	+	+	+	+	+	+			-	+	\dashv	+		+	\dashv
	+	+	+		-+	\dashv	+	+	+	+	\dashv	+	+	+	+		-	+	+	+	+	+	+	\dashv
	+	+	-		+		+	+	+	+		-	+	-				+	+	_	+	+	+	\dashv
										\perp									\perp			\perp		

de draw 11/24

																						-		
Client ID:											Ani	mal	ID:		>1	EV		T	<u>'</u>	LE	R	-		
Veterinarian	•																D	ate:	7	11-	28	\$		
Problem List:					•														t			_	—	
1.																								
2.																								
3.																								_
4.																								_
am	7	8	9	10	11	12	1	2(3) 4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initials						L `				S														
T 100								2	p	7	7	بغم												
Р									98	-2		1												
w. R									-	6														
MM Colour									P															-
CRT (sec)									15	2(-				- "									
Attitude									B	A	2													
Fluids mls/hr																								
Fluids in																								
Urine out																								
ВМ																							1	
Vomit																		7						
Food																							\exists	
Water																							\top	
Medications			-		Ker														\neg		\Box			
	+	1		0.	2)	<u></u>	\dashv		+	\dashv	\dashv	-	-	\dashv		\dashv				+	+	-+	_
-		-		0.	20		M	_	+	4	_	_	\perp	-							\dashv			
		İ			Dex)																Ì		
Diagnostics				0.	And																\neg		\forall	
																					\top		1	\exists
																					\top	\neg	\top	

Rf. Todayra, Lealing well 24

at the same of the	- Land			
a de la companya de	7	1	5	

Client ID:										1	Aniı	nal	ID:		59	C	W	2	8	PL	Li		2	==
Veterinaria	1:									!		-				E	E	ate	7			. /	17	7
Problem List	:			•															ē.		+			1
1.																_								•
2.																								
4.																							<u>.</u>	
am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6
Initiais						,									·									
т		10	0.^																					
Р		2	10																					
R		P	18	W/N																				
MM Colour		P	9		\																			-
CRT (sec)					•																			
Attitude		A	90	00																		\neg		
Fluids mis/hr												7											\exists	
Fluids in																						\neg	+	
Urine out																			-			\top	7	_
BM																						\dashv	\neg	
Vomit																						1	_	
Food	AP	0	مالا	/																		\top	\top	
Water		1									\top												\top	
Medications		RI	V	201	74																		\top	
							-		1									7				1	_	
Diagnostics							-	\dagger	\dagger		\dagger	+				+						\dashv	+	-
																			7			\top	+	\neg
																							\top	

Client ID:											Ani	mal	ID:		50	EV	E	7	41	F	R			
Veterinarian	:														St		Ε	ate:	ن لن زا	2.I	フィ	119		
Problem List	0																				<u>اب .</u>	- 		
1.														_										
2.																								
3.																								
4.	1			1 3-	T	1	T.			1	1 :	1						Π.	1	7				1
am	7	8	9	10	1.1	12	1	2	3	4	5	6	7	8	9	10	11	12	1	. 2	3	4	. 5	6
Initials																								
T			_																					
Р																								
R																								
MM Colour																								٠
CRT (sec)																								
Attitude																								
Fluids mis/hr																								
Fluids in																								
Urine out												\neg												
BM																								
Vomit																								
Food	-																							
Water																								
Medications					٠ الم	1							\neg											
with the second		V	M		10	.\									-									
		7		7	Dex	m D	15	1.0						\top										
Diagnostics					,	1		\top		\dashv	\top	\top	1											
	\top	1	_		K	200	215					1	1	\top		1								
		\top			<u></u>	AVI		17										\dashv						

Client ID:									<u> </u>		Ani	mal	ID:		<u> </u>	ند ہ	-		ين-					
Veterinaria	1:														<u>></u>	(6	<u>يا ٧</u>	late	-	10	<u> </u>	_		
Problem List	t:																		12	2/3	3/	18		
3.																		_						
4.																								
i i am	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	43			Τ_			Т
Initials											-				3	10	11	12	1	2	3	4	5	6
т										·				-					-				-	-
P																								
R										7	1	+	_	-	+						\dashv	\dashv		
MM Colour		7							1	1	1	_	+	+	\dashv	_					\dashv	$- \downarrow$	\dashv	-
CRT (sec)					•				\top	\dashv	\dashv	+		+	-	\dashv		-	-		-	_	\dashv	
Attitude								-	+	\dashv	+	+		+	+	-		-			-	\rightarrow	\dashv	_
Fluids mls/hr				1			1	7	+		\top	+		+	-				\dashv	-	\dashv	-	\dashv	-
Fluids in							1	+	+	-	-	+	+	+	+	-	-	-	+	\dashv	\dashv	\dashv	_	-
Urine out						7	_	_		+		+	+	+	+	-		-+	+	\rightarrow	+	-	+	\dashv
BM				\top			\dashv	+	+	+	+-	+		+-	+	-	+	-	+	-	+	\dashv	+	-
Vomit							\top	+	+		+	+	+	+-	+	+	+	+	-	_	-	+	-	4
Food						7			+			+	+-	-	+		+	-	-	+	+	_	+	4
Water							1	+	+	+	+	+	+	+-	+	+	+	+	+-		+	+	+	-
Medications			\top		_	\top	+	+	+-	+-	-	+-	+	+		+	+	+	+		+	-	+-	-
	1.		90		ye.		10	, ,							+						+	+	+	
Plagnostics	V	10	\$]	Q E F	37				6/2		38	124	17	57								-		
And the second																	+	+	+-	+	+	+	+	1

D. Im/ Dexdermiter	
0. I'm Ketimine	>
O. Im/ Bitosphanol	Im
O.I.m/ Ant-parrecole	ک

Client ID:											A	nin	al I	D:		(7	0 a /	10	7	,	/2	/			
Veterinarian																	/		Date	a:	4		N -	/		_
Problem List								_				-									<			0	_	8
2,																										
3.	-						_					-							<u> </u>							
4.																										
am	7	8	9	10	1 4	ent # 5 Am ner: (arla	a - 1 a		Janea -				-	***					_	$\overline{\mathbf{I}}$				1	7
Initials					IX	∵ (53⊦	0) s:	77	004		SACK	line	: (53	R (08	72 -	6276	;			2	1	2	3	4	5	H
4 7) Je	ries.	Evit TT-	23 [DLH	Sa	Wm				397				_	+	+				-	_
Р					210	r: Gr Male	AVA	nd a		DC	c Lo B:	ng F	lair	422		USJ				+	\dagger					-
R							. 1.401	MESSI	5 Q											\dagger	1					-
MM Colour	1					-t														†-	\dagger					*
CRT (sec)					•							1	1		1	1				1		\dashv				_
Attitude	\perp	\perp																		1	\dagger	\uparrow				_
fluids mis/hr									T					T		\top				1	-	_	-		\dashv	
Fluids in								1		T		1		1	_		7			-	+	+		-		_
Urine out													\top								-	+	+	-	\dashv	_
вм													+	†		-	+		-		-	\dashv	+	-	\dashv	_
Vomit													T			\dagger					-	-	+	+		_
Food													-			-	+					+	+	\dashv	+	_
Water						~										+	7					+	-	\dashv	+	
ledications			Φ	0	A	<u>F.</u>	1						-			+	+					+	+	+	-	
			0	. /	De	1	-	7)	4							1						+	+	+	+	
			φ.	1	R	†	-			1						1	\top		\dashv	\dashv		\dagger	+	+	+	-
iagnostics			0	1	10	7	フ									+	+	-		_		+-	1	+	+	7
				0		V		6	1	1				1	-	1	1.0	\mathbf{H}	+	\dashv	_	+	+	+	+	-
			i	100	W	600	Ø	10	N	h	2	ΛQ	10	1	al	wi	40	+	-	\dashv	_	+-	+	+	-	\dashv

· Revolution topical

TOWN OF PARADISE ANIMAL CONTROL Policies, Procedures and Operations Manual

adoption may be denied for a variety of reasons. These may include an individual appearing unstable, someone who does not agree to abide by the adoption conditions, or someone with a poor track record with the shelter or staff. Justification for the denial is given to the individual and, if handled tactfully, can be an excellent opportunity to educate. Staff writes the reason for denial on the application. A file folder of denied applicants is kept up-to-date at the shelter.

- 6. Adoption Agreement. Staff will review with the applicant the costs and responsibilities of pet ownership, including a thorough discussion of the adoption rules Adopters are required to carefully read the Adoption Agreement and affix their signatures to this document indicating agreement to its terms, conditions, and health exam requirements. A staff member witnesses and dates the Agreement. The pet adopter receives his or her copy of the Agreement. The original Agreement is kept in the pet's file at the shelter.
- Payment of Adoption Fees. Adoption fees vary and can be found on the Town Master Fee Schedule.
- 8. Sterilization of the Animal. The Town of Paradise Animal Shelter strives to ensure that the animals placed for adoption do not contribute to companion animal over-population. All animals will be spayed or neutered prior to adoption unless the health of the animal does not permit such surgery.
- Medical Record. Upon adoption, the animal's Medical Record is provided to the new owner. If an animal's medical history exists from a previous owner, any reference to the previous owner, including the address and telephone number, must be removed prior to the release of such medical information.
- 10. Forms. The Log Sheet and Intake Form are updated to record the date of adoption and the name, address, and telephone number of the adopter. Evaluation and temperament forms are offered to the new owner.
- 11. Refunds. No matter how careful the shelter is in attempting to match the right pet with the right family, there are occasions where animals are returned to the shelter. Adoption fees are nonrefundable, except at the discretion of the Shelter Supervisor. Those fees are considered a donation.
- 12. Animal Returns. For adopted animals returned to the shelter at any time, staff records the information on the Log Sheet. The adopter must return the Rabies tag, the Rabies Certificate, and any other information pertinent to the returned animal that was given to him or her at the time of adoption. At the Shelter Supervisor's digression, another animal may be chosen to adopt within a 30 day limit.
- C. Foster Program The Town of Paradise Animal Shelter has a Foster Program for those animals who cannot or should not be housed at the shelter. The Foster Program is an avenue to rehabilitate "special needs" animals and house animals too young for adoption.
- D. Euthanasia The Town of Paradise Animal Shelter strives to demonstrate a respect for quality of life for its animals. The Town of Paradise Animal Shelter operates as a no-kill facility. The shelter does not euthanize animals to make space for other animals. Although euthanasia is the final act of kindness that we can show

TOWN OF PARADISE ANIMAL CONTROL Policies, Procedures and Operations Manual

a critically ill, seriously injured, or dangerous animal, it is viewed as an alternative, only after very careful consideration, and always as a last resort. It is the policy of the Town of Paradise Animal Shelter that animals to be euthanized are handled with respect and sensitivity, and protected from stress, fear, discomfort, and pain.

- Authorization Procedures. The decision to euthanize animals is made on a case-by-case basis. When deemed necessary for medical or behavioral reasons, and approved as indicated below, animals are humanely euthanized.
- Medical Reasons. Critically ill or seriously injured domestic animals may be euthanized prior to conclusion of the six (6) work day holding period (the normal time allotted for owners to reclaim their pets). Those situations need immediate consideration and require approval by the Shelter Supervisor and attending veterinarian.
- 3. Behavioral Reasons. The decision to euthanize dogs and cats for behavioral reasons requires approval by the Shelter Supervisor, in consultation with the shelter veterinarian and shelter staff. Twenty-four (24) hour prior notification by the Shelter Supervisor to the Board is required. Questions or concerns of the Board should be brought to the attention of the shelter Supervisor within the time limit indicated. Under no condition may an animal that is under consideration for euthanasia for behavioral reasons are released from the shelter for adoption or foster whether it is to the public, volunteer, or staff member.
- 4. Humane Disposal. The remains will be humanely disposed.

XI. REFERRAL SERVICES

Unfortunately, the Town of Paradise Animal Shelter is not equipped nor staffed to handle all animal situations. However, we do our best to refer those inquiries to others who may be able to help, as follows:

A. Wildlife Animals. Inquiries about wildlife animals are referred to the California Department of Fish & Game, Butte County Trappers Association, Kirschner Wildlife Foundation, North Valley Animal Disaster Group, Bidwell Wild Life Rehabilitation.

XII. GROOMING

Simply stated, clean animals are more adoptable than dirty animals. They are also more comfortable and generally healthier, all of which makes for a positive image to potential pet adopters. Shelter Staff or volunteers who wish to bathe and/or groom the dogs and cats may do so whenever possible. For animals whose fur is severely matted, the services of professional groomers are used.

1509 Wagstaff Rd.
Paradise, CA 95969
(330) 877-3000

Whole blood is used for fow follow-five tests

FELINE LEUKEMIA VIRUS ANTIGEN -PELINE IMMUNODEFICIENCY VIRUS ANTIBODY TEST KIT (Re WIFIN Comb

VetScan*

FeLV-FIV Rapid Test

for the Qualitative Detection of FeLY Antigen and FIV Antibodies in Feline Whole Blood, Serum or Plasma

• 1 FeLV Chase Buffer Bottle • 1 FIV Chase Buffer Bottle

 25 Test Devices Kit Contents

25 Transfer Pipettes

I Package Insert



REF 250-0000-25

SA Scientific Abaxis, Inc.
4918 Golden Quaii 3240 Whitple Rq.
U.S. Vet License No. 373 800-822-2947

ABAXIS Europe Ginori Seminista 9-19 E4347 Granheim

EC REP

IVD

FOR VETERINARY USE ONLY

ABANGE

Sermany HO 6059 780 210

明是提問